

ITEMIZED EXPENSE CLAIM NEBRASKA STATE  
The Delta Kappa Gamma Society International

Please complete - return to State Treasurer  
(Must be received within 30 days of event for reimbursement)

Date of Event: \_\_\_\_\_

Pay to: \_\_\_\_\_ Chapter: \_\_\_\_\_  
Name

Street

City State Zip

Event: \_\_\_\_\_

Office/Responsibility: \_\_\_\_\_

Standing Rule: \_\_\_\_\_

Transportation: \_\_\_\_\_  
From To

Total Auto Miles @ \$ \_\_\_\_\_  
(Driver only)

Or Actual Fare \$ Hotel: (Cost  
divided by members in room) \$ \_\_\_\_\_

Number of members in room \_\_\_\_\_

Meals: B \_\_\_\_\_ L \_\_\_\_\_ D \_\_\_\_\_

\_\_\_\_\_ ..... Total \$ \_\_\_\_\_

Telephone: \$ \_\_\_\_\_

Postage: \$ \_\_\_\_\_

Printing: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_

Scholarship: \$ \_\_\_\_\_

Publications: 1. \$ \_\_\_\_\_

2. \$ \_\_\_\_\_

3. \$ \_\_\_\_\_

4. \$ \_\_\_\_\_

Other: 1. \$ \_\_\_\_\_

2. \$ \_\_\_\_\_

3. \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Signature: \_\_\_\_\_  
(Date)

(Please attach sales slips and/or receipts)

**DO NOT WRITE BELOW**  
(FOR OFFICE USE)

Check \_\_\_\_\_  
(Number)

Check \_\_\_\_\_  
(Amount)

Paid \_\_\_\_\_  
(Date)

Posted \_\_\_\_\_  
(Date)

Budget Item

Approved by:

(Nebraska State President)

(Date)