DELAWARE STATE BOARD – EXPENSE REPORT

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **CHAPTER LETTER:** | **DATE:** |
| **PHONE #** |  | **APPROVED BY** |  |
| **ADDRESS** |  | **STATE BOARD OFFICER/TITLE\_**  **COMMITTEE CHAIR/TITLE\_**  **STATE BOARD OFFICER/TITLE\_** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSES** | **DATES** | **DETAILS** | **AMOUNT** |
| **ADMINISTRATION** |  |  |  |
| SUPPLIES,POSTAGE,MILEAGE,COPYING,ETC |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **ANNUAL STATE CONVENTION EXPENSES** |  |  |  |
| SUPPLIES,POSTAGE,MILEAGE,LODGING,COPYING,ETC. |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **OTHER TRAVEL EXPENSES** |  |  |  |
| CIC, LEAD, COTTEY, AIRLINE,MEALS,LUGGAGE,ETC. |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **WORKSHOP EXPENSES** |  |  |  |
| SUPPLIES, MILEAGE, COPYING, ETC. |  |  |  |
|  |  |  |  |
| **CONFERENCE EXPENSES** |  |  |  |
| TRAVEL EXPENSES, SUPPLIES, ETC. |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL AMOUNT** | | |  |



Please attach receipts for all listed expenses, sign the form and send to the State Treasurer.

**(Bills will not be paid without receipts)**