



DELAWARE Convention – EXPENSE REPORT

NAME		CHAPTER LETTER:	DATE:
PHONE #		APPROVED BY	
ADDRESS		<input type="checkbox"/> STATE BOARD OFFICER/TITLE _____ <input type="checkbox"/> COMMITTEE CHAIR/TITLE _____ <input type="checkbox"/> STATE BOARD OFFICER/TITLE _____	

EXPENSES	DATES	DETAILS	AMOUNT
Badges/Nametags			
Convention Center Expenses			
Decorations			
Delegate Kits			
Entertainment			
Gifts/Recognition/Appreciation			
Hospitality			
Invitations/Save the Date			
Meals			
Mileage/Travel/Lodging(State Board Only)			
Printing/Copying			
Program - Printing			
Time of Celebration			
TOTAL AMOUNT			

Signature: _____

Approved By:	DATE PAID
CHECK #	AMOUNT PAID

**Please attach receipts for all listed expenses, sign the form and send to the State Convention Treasurer.
(Bills will not be paid without receipts)**