

COUNCIL MEETING EXPENSE

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____ PHONE (____) _____

COUNCIL MEETING DATE: _____

Expenses

1. PERSONAL AUTO (RT MI x \$0.45) \$ _____

2. PARKING/TOLLS \$ _____

3. FOOD & SUPPLIES (HOST CHAPTER ONLY) \$ _____ (\$75 MAX)

TOTAL \$ _____

SIGNATURE _____ CHAPTER _____

YOU MUST ATTACH THE FOLLOWING DOCUMENTATION:

- 1. Copy of most recent Treasury Report from your chapter and other documentation showing additional commitments.
- 2. Receipts for food, supplies, parking, tolls.

***rate determined by State Council, subject to change**

Expenses paid only when the reporting chapter has less than \$1000 available funds as shown on current Treasury report and additional documentation showing current liabilities.

APPROVED BY _____ DATE _____

CHECK PROCESSED BY _____ DATE _____

CHECK NUMBER _____