



SIGMA CHI FRATERNITY
 EXPENSE REIMBURSEMENT FORM
 1714 Hinman Ave, Evanston, IL 60201
 Phone: (847) 869-3655 Fax: (847) 869-4906
 Email: headquarters@sigmachicago.org

Name: _____	Purpose of expense: _____
Position: _____	Travel from: _____
Address: _____	Travel to: _____
_____	Travel date start: _____
_____	Travel date end: _____
Phone: _____	

TRAVEL AND LODGING	
Airfare (lowest fare possible w/21-day advance purchase)	\$
Automobile Mileage: _____ miles @ \$.35/Mile	\$ -
Other Travel (please describe in Notes section below)	\$
Lodging: Dates _____ Cost per Night: \$ _____	\$
TOTAL	\$ -

MEALS					
Date	Meals	Br	Lunch	Dinner	Daily Total
					\$
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL					\$ -

OTHER		
Date	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$ -

SUMMARY	
Travel & Lodging Total	\$ -
Meals Total	\$ -
Other Expenses Total	\$ -
Less Contribution to the Foundation	
TOTAL	\$ -

REMINDERS	OFFICE USE ONLY
Please refer to the Grand Quaestor's Expense Policy in the Standard Operating Procedures Manual when completing this report.	
Attach receipts for all expenses.	Date Issued:
Contributions to the Sigma Chi Foundation are tax deductible and assist in the development of the Fraternity's educational programs.	Authorized by:
Expense Reports must be submitted no less often than once each month, preferably upon completion of each major trip.	
Please make a copy of this report for your own record. Headquarters will return a copy to you only if a change has been made on the submitted report.	
NOTES:	Account Distribution:

 Signature

 Date