

Society Reimbursement - Procedures for Reimbursement of Official Travel Expenses

Form 70

- I. General Requirements
- A. No reimbursement of expenses will occur **unless**:
 - 1. This report is completed in its entirety;
 - 2. Receipts/invoices are included for expenses claimed;
 - 3. The completed and signed forms **reach the International President postmarked no later than 14 days after the last day of the official meeting.**
 - B. Keep a copy for your records.
 - C. Please note the currency in the middle column if not in U.S. dollars. If necessary, currency conversion will occur the day this form is processed. International bank wiring information should be sent directly to the Operation Services Administrator at societypoper@dkg.org
 - D. If airline transportation is not available or practical, reimbursement will be based on the current IRS (United States) rate per mile for use of a private automobile; however, reimbursement for travel by car cannot exceed the cost of the lowest airline fare. If airline fare is available and practical but the individual elects to travel by automobile, the maximum reimbursement will be the amount of the lowest airline fare on a round-trip basis.
 - E. Official passengers traveling in the private automobile, other than the owner, will not be reimbursed.
 - F. No reimbursement for room service, valet, laundry, other personal services or alcoholic drinks.

Please consider going to goodsearch.com, the Society On-line shopping connection, to book your flight. Each time you use this, Delta Kappa Gamma will receive a percentage of your sale. Also remember that if you use American Airlines, we have an extra number -786809; you and the Society receive mileage credits.

Expense Report - The Delta Kappa Gamma Society International

(Please print or type, Interactive Form at www.dkg.org, Downloads)

Name: _____		
Street Address/P.O. Box : _____	City: _____	
State/Province: _____	Zip/Postal Code: _____	Country: _____

Name of Meeting: _____ Location: _____

My Position: _____ Date of Meeting: _____

(Be specific: Office Held, Member of Specific Board, Committee Chairman, Committee Member, etc.)

Supporting receipts and invoices must be included for each item listed below.	Amount (U.S. Dollars)	Currency other than U.S. dollars	For Office Use Only Acct. #
I. Travel Expenses			
A. Airline Fare:			
from city _____ state _____			
to city _____ state _____			
one way _____ round trip _____			
Other: Specify _____			
B. Automobile Mileage:			
from city _____ state _____			
to city _____ state _____			
one way _____ round trip _____			
total miles _____ X <u>0.56</u> cents per mile _____			
C. Bus/Taxicabs: _____			
D. Other: _____			
TOTAL TRAVEL EXPENSES.....	\$		
II. Lodging: (specify dates) _____			

TOTAL LODGING EXPENSES.....	\$		
III. Meals: (specify amounts for each meal)			
(mm/dd/year) Morning Noon Evening			
Date			
Date			
Date			
Date			
Date			
(Use additional form if necessary)			
TOTAL MEAL EXPENSES.....	\$		
IV. Other Expenses:			
A. Duplicating.....			
B. Supplies.....			
C. Postage.....			
D. Telephone.....			
E. Other (describe below).....			
TOTAL OTHER EXPENSES.....	\$		
TOTAL EXPENSES TO BE PAID.....	\$		

Approved by International President: _____