



# THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

## Oregon State Organization Reimbursement Voucher

**Instructions: Fill out the form using tab key instead of return key to advance through the form and use "Save as" to save the voucher. Send the completed voucher as an attachment to an email to the next person on the list below. Send scanned receipts by attachment or original receipts and a print of this voucher by regular mail to the controller.**

Date submitted (m/d/yyyy)

Originated by:

Name of Meeting: \_\_

Date (m/d/yyyy) \_\_

City: \_\_

Position:

Travel (Reimbursement according to Standing Rules)

Transportation: (your miles) \_\_\_\_\_ x \$.30=

Lodging (Describe)

Meals(Describe)

Other (Describe)

Printing/Photocopying (Describe)

Supplies (Describe)

Postage (Describe)

Other (Describe)

Total:


Check Payable to: \_\_

Send to: address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

\*\*\*\*\*

To be completed by the Controller, president and treasurer.

Account # \_\_\_\_\_ Voucher# \_\_\_\_\_

1. Reviewed by Controller \_\_\_\_\_

2. Reviewed by State President \_\_\_\_\_

3. Reviewed by Treasurer \_\_\_\_\_

Acct. Balance: \_\_

Check Number:

Date Sent:

**First Approval: Controller -**

Donalene Biller  
donalenebiller@gmail.com

**Mail original receipts (if not scanned and emailed) with a copy of this voucher to:**

Donalene Biller  
12755 NW Timmerman Rd.  
Forest Grove, OR 97116  
503-536-3195