

EXPENSE Form DKG - NC Beta Chapter 2020-2022

DATE: _____

Send to: Rosemary Harris, 705 Shadywood Lane, Raleigh, NC 27603,

919 779-0928 or 919-649-5301 email: rrharris69@gmail.com

Person requesting reimbursement:

Name: _____

Mailing address: _____

Telephone: _____ Email address: _____

Position: Officer _____ Committee/Member _____ Other(vendor) _____

(Indicate type of service or expenses and dates of service . Then attach receipts for expenditure.)

Signature of Person Submitting _____ Date: _____

President or Finance Member Approval Signature _____ Date _____

Treasurer Signature _____ Budget Account _____

Date Issued _____ Check Number _____ Comments _____

ATTACH Receipts Here