|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tips to filing accurate and timely expense forms:** | | | Date: |  |
| * Keep a copy of the expense form for your records. * Retain receipts of all expenses and attach them to the   expense form.   * Designate if you are reporting in U.S. or Canadian dollars. | | | Submit to: | Kappa Kappa Gamma Fraternity  Attn: Finance Department  6640 Riverside Drive, Suite 200  Dublin, Ohio 43017 |
| Name: |  |  | | |
| Address: |  |  | | |
|  |
| **E****ducational Workshop** | | | | |
| Date: | | | | |
| Location: Columbus, Ohio | | | | |
| Subject: Leadership Academy | | | | |
|  | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Expenses** | | | | | | | | | | | |  |  | | Mileage[[1]](#footnote-1) | | | | Total\* | | | | | To Columbus, Ohio | | |  | | |  | $ |  | | | From Columbus, Ohio | | |  | | |  | $ | |  |  | **Total due to me:** | | | | | **$** |  | | | **Requests received after Sept. 30 will not be reimbursed.** | | | | | | | | | | | | **Payment Approval** | | | | | | | | | | | |  | | |  | |  | | | | Headquarters use only: 01-69257 | | | Director of Education and Training | | | |  | Director of Finance | | | |  | | | | | | |

1. Mileage is reimbursed at the federal standard mileage rate for a charitable organization at 14 cents per mile. [↑](#footnote-ref-1)