FILE: KHK_DAA_REIB_TEMPLATE.XLS

VER: 30-Aug-2022

Delta Alumni Association of Kappa Eta Kappa

STEP 1	SUBMITTED BY:						
STEP 2	If reimbursement check is to be mailed, where do you want check sent (Continental USA only)						
	NAME						
	ADDRESS						
	CITY, STATE, ZIP						
STEP 3	_		to this form. Receipt must seimbursement for. Incomple		e, amou	nt and	
STEP 4	Fill in DATE, VENDOR, DESCRIPTION and AMOUNT columns, leave AMOUNT APPROVED & CODE						
	columns blank,	allow 2 weeks for	or processing (no receipts me	ans no reimbursement)		OFFICE USE AMOUNT	ONLY
DATE	VENDOR	REQUESTED	DES	CRIPTION		APPROVED	CODE
				-			
STEP 5	Add up amoun	t due, sign & dat	e , submit completed form to	DAA President for proces	ssing		
SIGNATU	RE		DATE	_ AMOUNT REQUESTED	\$		
		ACC	OUNT CODES			OFFICE USE ONLY	<u> </u>
1A FOOD- RUSH ACTIVITIES 1B INDUSTRY TALKS			4A CHAPTER IMPROVEMENTS 4B CHAPTER OPERATING		ACCT	AMOUN'	
1C ADVERTIS	SING & PROMO		4C LIBRARY				
1D FATHER/S 1E FOOTBALL	WEEKEND						
2A LAB, TOOLS, PARTS 2B COMPUTER, TONER			5A BAR FUND				
2C EXPO PROJECT 2D EXPO PROMOTION			6A DHC FUND				
2E SPECIAL F	PROJECTS						
3A SCHOLAR: 3B REWARDS	PROGRAM		D1 DAA OFFICE EXPENSE D2 DAA NEWSLETTER EXPENSE				
3C SPECIAL A	ACHIVEMENT AWARD		D3 HOMECOMING EXPENSE D4 BANK FEES				
DATE PAID CHECK #							