PHI GAMMA DELTA EXPENSE REPORT

Name	Purpose of Expense
Address	Office Held
City, State, Zip	Date

Date	List Items Individually	Amount	Comments

Attach Receipts ***Total***

Approval

For Office Use Only

A/C #	Description	Amount

Note: If you do not submit a request to be reimbursed within SIXTY days of the expense,it will only it will only be reimbursed at 90% of the request. Any request submitted after SIX MONTHS will not be reimbursed. All expenses incurred starting Saturday, September 20, 2003, will be subject to the new policy.