



## DISTRICT 5970 EXPENSES

<b>Name</b>	<b>Expense Purpose</b>
<b>Address</b>	<b>Email</b>
	<b>Phone</b>

**EXPENSES**      **Dates**      **Details (attach all receipts)**      **Amount**

**Transportation**

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**Own car**

**Lodging**

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**Meals**

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**Conference fees**

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**Other**

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**Subtotal**

**Less amount pre-paid by District**

**Total amount owing**

**Send completed expense form to:**

Suellen Kolbet  
 PO Box 445  
 New Hampton, IA 50659  
 641-330-3118  
 des@district5970.org