



DISTRICT 5970 EXPENSES

Name	Expense Purpose
Address	Email
	Phone

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

Transportation

Own car

Lodging

Meals

Conference fees

Other

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