DISTRICT 5970 EXPENSES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | | **Expense Purpose** | |  |
|  | | | | | |
| **Address** |  | **Email Phone** | |  | |
|  | |
|  |  |  | | | |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Transportation** |  |  | [select] |  |  | |
|  |  |  | [select] |  |  | |
|  |  |  | [select] |  |  | |
|  |  |  | [select] |  |  | |
|  | | | |  |  | |
| **Own car** |  |  |  | x $0.70 per mile | $ 0.00 | |
| **Lodging** |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
| **Meals** |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
| **Conference fees** |  |  |  | |  | |
|  |  |  |  | |  | |
| **Other** |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
| **Subtotal** | | | | | $ 0.00 | |
| **Less amount pre-paid by District** | | | | |  | |
|  | | | | | | |
| **Total amount owing** | | | | | | $ 0.00 |

**Send completed expense form to:**

Suellen Kolbet PO Box 445

New Hampton, IA 50659 641-330-3118

[des@district5970.org](mailto:secretary@district5970.org)