DISTRICT 5970 EXPENSES

Name		Expense Purpose	
Address		Email	
		Phone	

EXPENSES	Dates	Details (attach all receipts)		Amount
Transportation		[select]		
		[select]		
		[select]		
		[select]		
Own car			x 58 Cents per mile	$ 0.00
Lodging				
Meals				
Conference fees				
Other				

Subtotal	$ 0.00
Less amount pre-paid by District	
Total amount owing	$ 0.00

Include copies of all receipts!

Send completed expense form to:

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