



## 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
<b>Transportation</b>			
<b>Own car</b>			
<b>Lodging</b>			
<b>Meals</b>			
<b>Conference fees</b>			
<b>Other</b>			
		<b>Subtotal</b>	
		<b>Less amount pre-paid by District</b>	
		<b>Total amount owing</b>	

Include copies of all receipts!

**Send completed expense form to:**  
 Suellen Kolbet  
 PO BOX 445  
 New Hampton, IA 50659  
 641-330-3118  
[des@district5970.org](mailto:des@district5970.org)