ALPHA DELTA PHI SOCIETY
Expense Report

NAME: _____ **DATE AND PURPOSE OF TRIP:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

Date	Description	Travel	Lodging	Breakfast	Lunch	Dinner	Other	TOTALS
	TOTALS							
							Amount Waived	
							TOTAL DUE	

SIGNATURE: _____ **APPROVED BY:** _____

PLEASE SEND FOR APPROVAL TO CRAIG CHESLOG, 908 CLAY COURT, ANTIOCH, CA 94509.

Attach all receipts to back of this report.

Office Use Only:
Date Paid _____
Check Number _____