

Expense Report Instructions

Please send expense report and supporting documentation via email (preferred method) to **FraternityPayables@deltagamma.org**, via fax 614-487-0540, or mail to Executive Offices, 3250 Riverside Drive, Columbus, OH 43221. If you have questions, call Nikki at 614-481-8169 or text 614-383-8575.

GENERAL INSTRUCTIONS

- Detailed receipts are required for everything except tips and mileage.
 - Receipts must include name of store, date, and itemized listing of items purchased.
 - If multiple people are included on one receipt write names of all people on receipt.
 - Pictures of itemized receipts with all details showing are acceptable.
- Mileage reimbursements require either a) MapQuest/Google Maps printout showing mileage (preferred) or b) a picture of beginning & ending odometer readings.

SPECIFIC INSTRUCTIONS

1. **Reason for Trip:** Event name or chapter visited.
2. **Trip Report:** If chapter visit, please be sure the Trip Report is loaded into Anchorbase and indicate this on the expense report via Yes or No boxes.
3. **Direct Report Approval:** Prior to regional travel, the Regional Director must submit travel plans to Amy Ayres via JotForm for approval. Copy the RD on the email submission of your expense report. Expense reports submitted by EO Staff require the direct report's signature or email approval.
4. **Sub-Totals:** The sub-total for travel is the sum of all travel expenses for each line of the trip. This should populate automatically in Excel. If it does not, please download a revised version from the Delta Gamma library.
5. **Other Expenses:**
 - a. **Office Supplies/Photocopies:** Attach receipt and reason for purchase.
 - b. **Postage:** Attach receipt from the post office or UPS/FedEx.
6. **Total Expenses Paid:** This is the summation of all expense in the sub-total column. This also should populate automatically in Excel. If it does not, please download a revised version from the library.
7. **Amount to be Reimbursed:** If the payment due to you does not equal the total expenses paid, the actual reimbursement amount will go on this line, along with an explanation on the line following. Some examples are charges outside of the designated allowance, partial or full donations of expenses to the Fraternity or Foundation, and charges that may be refunded soon.
8. **Handwritten/Electronic Signature Required:** A photocopy of your signature or your typed name is acceptable.
9. **Optional Donation:** This box was added at the request of previous officers. Please complete if you would like to donate all or a portion of your reimbursement to the Fraternity or Foundation. *Note: donations to the Fraternity are not tax deductible.*