

## Fraternity Expense Report

Date:					
Name:					
Title:					
Address:					
Reason for trip	):				
purchase must be are only processe filing the expense	e considered taxable	President's approval.	rements. Volunteer lea	dership sub	omissions after 60 days
<b>EXPENSES</b>					
DATE	DESCRIPTION				AMOUNT
				_	
	Allowance	e Values Valid Thro			
				XPENSE*	
<b>OPTIONAL I</b> Please donate		nbursement as fol	TOTAL REIMBUR lows:	SEMENT*	
Fraternity \$		Foundation :	\$		
Signature:					
		ng documents to Frate ardina expense reports			

library.

If you do not have banking information on file, or your banking information has changed, please include an ACH information form located in the DG library under Direct Deposit.

Reminder: When applicable, Visit Reports must be loaded into Anchorbase prior to expense reimbursement.

\*Mac users: If TOTAL EXPENSE and TOTAL REIMBURSEMENT are not automatically populating, use Adobe Acrobat Reader DC or a compatible PDF editor. Make sure the browser settings have JavaScript enabled.