



Convention/Conference/Meeting Expense Form

Expense Reports must be filed **within 90 days** of the Convention/Conference/Meeting to the Department

Secretary Event: _____

Location: _____

Name _____

Address _____

City, State Zip _____

The following positions receive \$175.00 (Indicate your position)

<input type="checkbox"/> District President # _____	<input type="checkbox"/> Parliamentarian
<input type="checkbox"/> Sergeant-At-Arms	<input type="checkbox"/> Asst. Sergeant-At-Arms
<input type="checkbox"/> Participating Dept Chairperson	Program: _____
<input type="checkbox"/> Hospital Representative	Location: _____
<input type="checkbox"/> Deputy Hospital Rep.	Location: _____
<input type="checkbox"/> Gift Shop Chairperson	Location: _____
<input type="checkbox"/> Christmas Party Chairperson	Location: _____

Amount	\$	_____
	\$	_____

Member at Large (Finance Committee) \$50.00

Officers (Indicate your position)

<input type="checkbox"/> National Executive Committeeperson	<input type="checkbox"/> Department Secretary
<input type="checkbox"/> Department President	<input type="checkbox"/> Department Treasurer
<input type="checkbox"/> First Vice President	<input type="checkbox"/> Historian
<input type="checkbox"/> Second Vice President	<input type="checkbox"/> Chaplain

Transportation

of miles (round trip) _____ X \$0.30 per mile = \$ _____

I did NOT drive I was a passenger of _____

Meal Allowance

\$10.00 per day (only if no tickets have been purchased by the Department) \$ _____

Room Allowance

<input type="checkbox"/> NEC/President (100% of Room Allowance)	
<input type="checkbox"/> Secretary/Treasurer (100% of Room Allowance)	
<input type="checkbox"/> 1st/2nd Vice/Historian/Chaplain (50% of Room Allowance)	\$ _____
<input type="checkbox"/> I shared a room with _____	

Total \$ _____

Signature _____

Warrant # _____

Officer/Chairperson/Representative Change Over

For Change of Department Officers/District Presidents/Department Chairpersons/Hospital Representatives:

Outgoing: I have submitted my Year-End Report and turned over all pertinent materials to the incoming Officer/Chairperson/Representative. I understand I will not be paid until my Year-End Report is received by the Department Secretary.

Incoming: I have received all pertinent materials from the outgoing Officer/Chairperson/Representative.

Outgoing Signature _____

Incoming Signature _____

Office Use

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Year-End Report received from outgoing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Expense Report received from outgoing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Expense Report received from incoming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |