



# 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: _____

<b>Amount</b>	\$ _____
<input type="checkbox"/> 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 \_\_\_\_\_

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Office Use

1. Year-End Report received from outgoing?

Yes

No

N/A

2. Expense Report received from outgoing?

Yes

No

N/A

6. Expense Report received from incoming?

Yes

No

N/A