

The Order of the Daughters of the King

PROVINCE III - Expense Statement - Reimbursement Request

Name	_____
Title	_____
Program/Event	_____

Date	Account	Description	Hotel	Transport	Miles	Meals	Phone	Entertain.	Misc.	TOTAL

If Airline ticket was purchased, please include the following:

Date of Flight
Airline
Arrival Time

Airport
Departure Date
Departure Time

	Subtotal	
	Advances	
	TOTAL	

Approved by	Notes

For Office Use Only

Date Paid
Check #