



**SIGMA CHI FRATERNITY  
EXPENSE REIMBURSEMENT FORM**

1714 Hinman Ave, Evanston, IL 60201  
Phone: (847) 869-3655 Fax: (847) 869-4906  
Email: headquarters@sigmachicago.org

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Purpose: \_\_\_\_\_  
Travel From: \_\_\_\_\_  
Travel To: \_\_\_\_\_  
Dates of Travel: \_\_\_\_\_

TRAVEL			
Airfare (lowest fare possible w/21-day advance purchase)			
Automobile Mileage:		Rate:	
Other Travel (please describe in Notes section below)			
		<b>Total</b>	

LODGING			
Number of Lodging Nights:		Rate/Night:	

MEALS				
Date	Breakfast	Lunch	Dinner	Daily Total
				<b>Total</b>

OTHER EXPENSES		
Date	Description	Amount
	<b>Total</b>	

SUMMARY	
Travel Total	
Lodging Total	
Meals Total	
Other Expenses Total	
Less Contribution to the Foundation (The General Fraternity will make a contribution on behalf of you to the Foundation for this amount.)	
<b>Total</b>	

REMINDERS	OFFICE USE ONLY
Please refer to the Grand Quaestor's Expense Policy in the Standard Operating Procedures Manual when completing this report.	<b>Date Issued:</b> _____
Expense Reimbursements Requests must be timely submitted, with attached receipts for all expenses, within 30 days of the actual expenditure.	<b>Authorized by:</b> _____
Contributions to the Sigma Chi Foundation are tax deductible and assist in the development of the Fraternity's educational programs.	
Please make a copy of this report for your own record. Headquarters will return a copy to you only if a change has been made on the submitted report.	
<b>Notes:</b>	<b>Account Distribution:</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date