



**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)			
		Total	

LODGING			
Number of Lodging Nights:		Rate/Night:	

MEALS				
Date	Breakfast	Lunch	Dinner	Daily Total
				Total

OTHER EXPENSES		
Date	Description	Amount
		Total

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.)	
	Total

REMINDERS	OFFICE USE ONLY
Please refer to the Grand Quaestor's Expense Policy in the Standard Operating Procedures Manual when completing this report.	Date Issued: _____
Expense Reimbursements Requests must be timely submitted, with attached receipts for all expenses, within 30 days of the actual expenditure.	Authorized by: _____
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.	
Notes:	Account Distribution:

Signature

Date