

DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
ALPHA ZETA CHAPTER
CONVENTION/CONFERENCE REIMBURSEMENT FORM

Name _____

Address _____

Street

Town

State

Zip Code

Phone Number _____

E-Mail _____

Chapter Office: (Circle if applies to you) President 1st Vice President

Event Attended: (Circle One) Alpha Alpha State NERC International

Date(s) of Event _____

Location of Event _____

In order for you to receive reimbursement you must attach your convention/conference registration. Pres. and 1st Vice President must submit registration and hotel receipt.

Please submit request within one week of attending the event.

Submit to:

Mary Herman
14330 Route 14
Canton, PA 17724

Reimbursements:	
State	\$25
NERC	\$50
International	\$100