

**2020-2021 The DKG Minnesota State Organization Expense Voucher**

Name & Address	Date Phone # Email
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**Expenses** (Circle one) Mileage (\$ .58 per mile) Postage Printing Supplies Other  
Total Amount \$ \_\_\_\_\_ (Please attach some form of evidence for each expenditure)

**Committee members must submit voucher to their committee chairman for approval and signature.**

Requested by \_\_\_\_\_  
Committee Chm/Officer Name Committee/Office

TO BE COMPLETED BY STATE PRESIDENT DATE \_\_\_\_\_ Voucher# \_\_\_\_\_ Ck # \_\_\_\_\_

Charge to Committee/Office Name \_\_\_\_\_ Tau State President

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