



PHI GAMMA DELTA

BUILDING COURAGEOUS LEADERS

EXPENSE REPORT

DONATE FUNDS TO FRATERNITY

DONATE FUNDS TO FOUNDATION

Name

Purpose of Expense

Address

Office Held

City, State, Zip

Date

Date	List Items Individually	Amount	Comments

Attach Receipts Total

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Approval

For Office Use Only

A/C #	Description	Amount

Note: Expenses must be submitted within SIXTY days of the expense to be fully reimbursed. Expenses submitted beyond SIXTY days may only be reimbursed at 90% of the request. Requests submitted after SIX MONTHS may not be reimbursed.

Effective July 1, 2017, expense requests will be paid via ACH / Direct Deposit. An Expense Reimbursement ACH / Direct Deposit Authorization Form must accompany the first reimbursement request and will remain on file with Phi Gamma Delta. Changes may be made with a new authorization form, available at www.phigam.org/file/ACHDeposit.pdf