

## Meetings and Educational Programs Travel Expense Report

## Gift - in - Kind Travel Form

Name:					Date:		
Address:					_		
Event Name & Purpose:							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Dates:					<u> </u>	<u> </u>	
Air, Bus, Rail Fares*	\$	\$	\$	\$	\$	\$	\$
From:							
То:							
Lodging*:	\$	\$	\$	\$	\$	\$	\$
Program Registration Fee:	\$	\$	\$	\$	\$	\$	\$
Automobile Mileage:		Start	:	_ End:		Miles: Rate: Amount:	\$ 0.14
Taxi/Shuttle*:	\$	\$	\$	\$	\$	\$	\$
Miscellaneous:	\$	\$	\$	\$	\$	\$	\$
Explain:							
Daily Sub-total	\$	1\$	1\$	<b>  \$</b>	l \$	1\$	T \$
Daily Sub total	Ψ	ĮΨ		Ψ			1 7
					To	tal Expenses:	\$
*Receipts required for th This is a correct statement of r for its educational and/or fund	my personal exp		while donating m	ny time and servio	ces to the Sigma	Tau Gamma Fou	undation, Inc.
Signature:				_ Date:			
The above contribution is her "Gift in Kind" to the Sigma T				_ day of		,	
			Autho	rized Officer:			

Complete this form and return to: Sigma Tau Gamma Headquarters 8741 Founders Road Indianapolis, IN 46268

Or submit the form and associated receipts via email to noblemen@sigtau.org. Upon approval a signed copy will be returned to you for your records.