

# Sigma Tau Delta

## Board Reimbursement Form

**Reimbursement for:**

Fall Board Meeting  
 Spring Board Meeting/Convention  
 Other: \_\_\_\_\_

**Meeting Dates:** \_\_\_\_\_

**Name and address to which check should be mailed:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Office Use Only	
Account:	_____
Subaccount:	_____
Subaccount:	_____
Subaccount:	_____
Total Amount:	___ \$ _____
Memo:	_____
Check #:	_____ Date: _____

Air Transportation	
Auto Mileage (55.5 cents per mile) *	
Airport Parking	
Ground Transportation (e.g., airport shuttle bus)	
Hotel Parking	
Food Allowance = \$50/day *	
Other (please explain):	
<b>TOTAL REIMBURSEMENT</b>	

\* The stated allowance is the highest amount  $\Sigma\tau\Delta$  will reimburse for this meeting's expenses. To conserve Society funds, some Board members will choose to use actual expenses (assuming they don't exceed this amount), or a lesser amount.

**Please attach receipts for the above expenses.**

If you have any questions, please contact the Central Office at 815-981-9974.

**Mail this form and receipts to:**

Sigma Tau Delta  
 Department of English  
 Northern Illinois University  
 DeKalb, IL 60115-2863