

Hawaii Alpha Delta Kappa
Expense-Reimbursement Sheet 2024-2026
Presidents Karen Victor and Tina Young



Submitted by: _____

Committee or Office: _____

Itemize all expenditures. Attach original receipts for expenditures. Receipts are required for reimbursement and audits. No receipt = no reimbursements.

Date	Quantity	Description of item and cost per item (ex. Folders @3.50ea)	Cost

Send to State Treasurer; check your directory for address.

Mail check to: _____

Address: _____

Treasurer's use only _____

date received: _____ check number: _____ amount : _____

date sent: _____ fund: _____