

Sigma Alpha Iota International Music Fraternity

Expense Remittance

Province Officer/Regional Officer

Date _____

Name _____ Province/Region _____

Address _____

City _____ State _____ Zip _____

- Notes: 1. Attach receipts for all expenses.
 2. POs (**only**) may submit mileage to Province Day for reimbursement. (no other expenses)
 3. You are encouraged to book your travel at www.saitravel.org; attach receipts.
 4. Extra official visits should be approved by the appropriate NVP in advance.
 5. Mail this form with receipts to the National Vice President, Finance.

General Expenses:

Office Supplies _____	\$ _____
Copies _____	\$ _____
Chapter Officer Training – Supplies or Food (<i>up to \$75</i>) _____	\$ _____
Postage _____	\$ _____
Miscellaneous (please itemize) _____	\$ _____
_____	\$ _____
_____	\$ _____

Total – General Expenses \$ _____

Official Travel Expenses:

	Purpose _____	BY: <input type="checkbox"/> Plane	<input type="checkbox"/> Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Car
<i>NH Use-<input type="checkbox"/> Official Visit Report?</i>	Date _____ Chapter _____				
	_____ Miles @ 35¢	\$ _____			
	Purpose _____	BY: <input type="checkbox"/> Plane	<input type="checkbox"/> Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Car
<i>NH Use-<input type="checkbox"/> Official Visit Report?</i>	Date _____ Chapter _____				
	_____ Miles @ 35¢	\$ _____			
	Purpose _____	BY: <input type="checkbox"/> Plane	<input type="checkbox"/> Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Car
<i>NH Use-<input type="checkbox"/> Official Visit Report?</i>	Date _____ Chapter _____				
	_____ Miles @ 35¢	\$ _____			
Province Officers Only:	<input type="checkbox"/> Officer Training - Date _____ / <input type="checkbox"/> Province Day - Date _____				
	_____ Miles @ 35¢	\$ _____			
	Other (explain) _____	\$ _____			
	Airport Bus/Shuttle _____	\$ _____			
	Mileage (other) _____	\$ _____			
	Parking/Tolls _____	\$ _____			
	Tips (other) _____	\$ _____			
	Miscellaneous (itemize) _____	\$ _____			
	_____	\$ _____			
	_____	\$ _____			

Total Travel Expenses \$ _____

TOTAL AMOUNT OF EXPENSES \$ _____

Approved by:	Inv. # _____
_____	Vendor# _____
Officer	Date