

DELTA SIGMA DELTA

Annual Session Travel Reimbursement

To: PSGM'S, Deputies, Representatives, and Supreme Council

Current Date

From: Supreme Scribe

Subject: Annual Session Travel Reimbursement

Please type or print clearly.

Date received in Supreme Scribe's Office

In order to insure that your reimbursement check will be ready at the conclusion of our Annual Supreme Chapter meeting, I would appreciate you informing me of your airfare at least two weeks prior to the meeting.

Our policy is to reimburse at the lowest Coach Airfare from your point of departure.

Time at the meeting is always limited. Therefore, it may be necessary for you to wait until I return to Central Office for your check if I do not hear from you two weeks prior to the meeting.

Your cooperation is greatly appreciated.

Last Name First Name Middle

Amount of Air Fare \$

Chapter e mail address

Return to chapter officer or deputy to be sent to: **Dr. John H. Prey**
DELTA SIGMA DELTA FRATERNITY
296 15th Ave.
Nekoosa, WI 54457

Please retain a copy of this letter for your records