



**JOB'S DAUGHTERS INTERNATIONAL®
SUPREME GUARDIAN COUNCIL
Deputy and/or Assisting Supreme Deputy**

EXPENSE CLAIM

Date _____

Claimant _____

Title _____

Address _____

City State/Province/Terr. ZIP/Postal Code

For _____	
For _____	
For _____	
For _____	
For _____	
For _____	
For _____	
TOTAL	

Remarks

Signed _____

Send expense claim, with original receipts, to the Finance Committee Chairman.

In addition, send a copy of your claim together with the supporting Deputy's Report (Form 121) to the VSG within two (2) weeks of your visit. Send copies of Form 121 to SG, ASG, S. Guide, and S. Marshal for their information.

Chairman, Finance Committee

Date