



**INTERNATIONAL ORDER OF JOB'S DAUGHTERS  
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 _____	
<b>TOTAL</b>	

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