DISTRICT DEPUTY GRAND MASTER ANNUAL EXPENSE REPORT FORM

Year ending July 31, 2010 District #_____

DDGM Name: _____ DDGM Address: _____

_____

(Must be submitted to the Grand Secretary by August 31st)

LODGE NO.	LODGE NAME	PURPOSE OF VISIT	DATE OF VISIT	TOTAL MILES

(Use additional piece of paper, if necessary)

TELEPHONE (attach receipts or copy of phone bill) _____

POSTAGE (attach receipts) _____

OTHER (provide details) _____

TOTAL EXPENSES _____