



Prospective Chapter Administrative Progress Report

Please attach a second sheet if necessary.

Prospective Name:	Prospective Region:	Prospective Step:
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Date of Visit:	Visit made by:
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Prospective Contact Name:	Prospective Director Name:
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Average attendance at rehearsals:

Attendance the day of your visit:

How often are business meetings held?

Are the standing rules complete? If yes, have they been approved by the bylaws and rules chair? If no, state the reason why:

Does the chapter have an escrow account for dues?

Your opinion of the group's administrative progress:

Your opinion of the group's director/administration relationship:

Is the group administratively ready to charter? If no, what else is needed?

Regional Membership Coordinator: if you approve this group to charter, please sign below. The International Board of Directors would appreciate your comments concerning this group.

Membership Coordinator Name:	Signature:
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Date:

I approve this group to charter. I disapprove this group to charter.

Comments:

Sweet Adelines International
9110 S. Toledo Ave.
Tulsa, OK, USA 74137
Fax: 1-918-388-8083.
Email: member@sweetadelines.com



List of Expenses

Note: Expenses will not be reimbursed without a receipt for each item. You can be reimbursed for air travel **or** mileage/taxi fares/tolls/Ubbers, not both.

Ground Transportation: Air Transportation (Prepaid by Journey House; for reference only):

From: _____ To: _____

Total Miles: _____ Total Kilometers: _____

Current mileage reimbursement rate is \$0.585/mile. Kilometers will be converted to miles.

Total Mileage: \$0.585/mile: \$ _____

Tolls (include receipt): \$ _____

Parking (include receipt): \$ _____

Other: _____: \$ _____

Total Reimbursement Request USD: \$ _____

Air Transportation (prepaid by Journey House; will not be reimbursed): \$ _____

MAKE CHECK PAYABLE AND MAIL TO:

Name of Region: _____

Name of Finance Coordinator: _____

Mailing Address: _____

City, State, Postal Code, Country: _____

Reimbursement Approved by (HQ Office): _____

Approval Date: _____

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