



**DELTA SIGMA THETA SORORITY, INC.
INGLEWOOD ALUMNAE CHAPTER**

REIMBURSEMENT/CHECK REQUEST VOUCHER

Please attach all invoices &/or original receipts

DATE REQUESTED: _____ DATE NEEDED: _____

REQUESTED BY: _____

COMMITTEE/OFFICE: _____

ACTIVITY/EVENT: _____

AMOUNT REQUESTED: _____ BUDGET LINE ITEM: _____

EXPLANATION/PURPOSE OF EXPENDITURE: _____

MAKE CHECK PAYABLE TO (Please print clearly): _____

ADDRESS (If check is to be mailed): _____

APPROVAL OF CHAIRPERSON: _____

APPROVAL OF PRESIDENT: _____

I received check# _____ for \$ _____ on _____ for the purpose stated above.
date

RECEIVED BY: _____ OR (check box if) MAILED

PLEASE DO NOT WRITE BELOW THIS LINE

FINANCIAL OFFICERS ONLY

APPROVED BY THE BODY
(if applicable)

DATE: _____

STARTING BUDGETED AMOUNT: \$ _____

AMOUNT DISBURSED TO DATE: \$ _____

AMOUNT REQUESTED: \$ _____

NEW AVAILABLE BALANCE: \$ _____

CHECK GENERATED BY: _____