

North Central Texas Alumnae Chapter

Delta Sigma Theta Sorority, Inc.

Voucher

Check Number: _____

Date: _____ Amount Requested \$: _____

Please select one:

Payment

Reimbursement

Other

PLEASE WRITE LEGIBLY & ATTACH ITEMIZED RECEIPTS

DESCRIPTION OF SERVICES	COMMITTEE/BUDGET LINE	AMOUNT
TOTAL		\$0.00

Please make check payable to:
Address:

Signatures (All 3 Signatures are Needed):	Date:
Committee Chair:	
Treasurer:	
President:	

For Budget and Finance Committee Use Only:	
Date Check was Issued: _____	
How was check issued (circle): <div style="display: flex; justify-content: space-around; width: 100%;"> Hand Delivered Mailed </div>	
If Hand Delivered - Signature of Reciept: _____	
If Mailed - Date Mailed: _____	
Date Check Cleared Bank: _____	