

**Columbia (MD) Alumnae Chapter
Delta Sigma Theta Sorority Inc.
Voucher**

MAKE CHECK PAYABLE TO:	DATE OF VOUCHER
STREET ADDRESS	CITY/STATE/ZIP

1. SUPPORT DOCUMENTS (ORIGINAL RECEIPTS/ INVOICES/CONTRACTS) MUST BE ATTACHED TO THE VOUCHER WITH NO PERSONAL ITEMS ON THE RECEIPTS.
2. A SEPARATE VOUCHER MUST BE SUBMITTED FOR EACH CHECK REQUEST.
3. LIST EACH EXPENSE ITEM SEPARATELY.
4. NAME OF ACTIVITY _____

	VENDOR	TYPE OF EXPENDITURE	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

REQUESTED BY (PRINT NAME)	DATE
COMMITTEE CHAIR	DATE
COMMITTEE NAME	
APPROVED COMMITTEE CHAIR (SIGNATURE)	DATE
APPROVED PRESIDENT	DATE
APPROVED TREASURER	DATE

TO BE COMPLETED BY TREASURER ONLY

BUDGET CATEGORY	CHECK NUMBER	CHECK AMOUNT	DATE OF CHECK