



VOUCHER # _____

CHECK # _____

DATE _____

AMOUNT REQUESTED \$ _____

DELTA SIGMA THETA, INC.
KANSAS CITY, MISSOURI ALUMNAE
VOUCHER

TO: TREASURER

PLEASE MAKE CHECK PAYABLE TO: _____

MAILING ADDRESS: _____

PURPOSE: _____

CURRENT BUDGET BALANCE: \$ _____

LESS TOTAL REIMBURSEMENT: \$ _____

NEW BUDGET BALANCE: \$ _____

REQUESTED BY: _____ COMMITTEE: _____

APPROVED BY: _____
PRESIDENT TREASURER