



**ZETA PHI BETA SORORITY, INC.  
EPSILON ZETA CHAPTER  
EXPENSE REIMBURSEMENT VOUCHER FORM**

1. Fill out form in entirety.
2. Submit form and all receipts.
3. Submit to Tamias [eztamias@gmail.com](mailto:eztamias@gmail.com)

Date: \_\_\_\_\_

Requester: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Amount	Purpose of Payment	Line Item (Ex. Youth/Amicae)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TOTAL:      Check \_\_\_\_\_      Credit Card. \_\_\_\_\_

Check Instructions:      Mail To:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

Pick Up: \_\_\_\_\_ .      Date: \_\_\_\_\_

**A U T H O R I Z A T I O N**

Basileus Signature: \_\_\_\_\_

Tamias Signature: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Clearing Date: \_\_\_\_\_

**I Acknowledge that approval of any purchased items, by any member, must be granted by the Executive Board for reimbursement; in addition to the requirement of receipts of the purchase (s) before chapter checks are issued per Epsilon Zeta Chapter Standard Operating Procedures.**