

VOUCHER
TYLER ALUMNAE CHAPTER
ΔΣΘ

Check No.	
Date Issued	
Amount	

Date Requested: _____ Submitted by: _____ Amount _____

Issue Check Payable to: _____

Address/City/State/Zip: _____

Committee/Budget: _____ Purpose: _____

If multiple expenses, please list each item separately:

	Vendor	Type of Expenditure	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL EXPENSES			

Please attach all original invoice(s)/receipt(s) to this voucher

Approved by:

President _____ Date _____

Treasurer _____ Date _____

Committee Chair _____ Date _____