



Dillard University National Alumni Association, Inc. (DUNAA)

DISBURSEMENT VOUCHER

Name (*Please Print*) _____ Date _____

Position: _____

Payee: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Email Address: _____

CHECK # _____

Account # _____

Account _____

Amount \$ _____

Date Mailed _____

*To Be Completed by Treasurer
At Time of Payment*

Account #/Name	Description of Expense(s)	AMOUNT
TOTAL		\$

Note: (Mileage @ \$0.58 Per mile / # of miles x \$0.58 per mile)

Additional Comments: _____

CERTIFICATION

Signature: _____ Date: _____

"I Certify that all expenses incurred were to carry out the official duties and goals of DUNAA"

Approved: _____ (*DUNAA President*) Date: _____

_____ (*DUNAA Treasurer*) Date: _____

INVOICE(S) OR RECEIPT(S) MUST BE ATTACHED WHEN PRESENTED FOR PAYMENT