

Check # \_\_\_\_\_

\*\*\*\*\*

Delta Sigma Theta Sorority, Inc.  
Harford County Alumnae Chapter  
Voucher Form

Budget: \_\_\_\_\_

Program/Activity: \_\_\_\_\_

Purpose for Request: \_\_\_\_\_

*Expenditure Details:*

\_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Requested: \$ \_\_\_\_\_

*(Please attach all original invoice(s), receipts(s), and/or other supporting documentation to this voucher)*

Requested By: \_\_\_\_\_ Date Requested: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Address/City/State/Zip: \_\_\_\_\_

Approved By (Committee Chair): \_\_\_\_\_ Date Approved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*\*\*

Approved Committee Budget: \$ _____
Available: \$ _____
Requested: \$ _____
Balance: \$ _____

*Approved By:*

Treasurer: \_\_\_\_\_ Date Approved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Chapter President: \_\_\_\_\_ Date Approved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note:** A voucher is required for ALL disbursements. Receipts that support advance requests must be submitted to the Treasurer within 14 days of receipt of check. The Sorority is to be reimbursed all funds due when advances exceed actual cost.