

**Delta Kappa Gamma International
Lambda State
Gamma Gamma Chapter
Voucher Form**

Date _____

Committee/Office _____

Name _____

Address _____

Amount to be reimbursed _____

Itemized list of bills	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total _____

Signature _____

***Please attach receipt for each expenditure, if possible.

Approved by Chapter President _____

For Treasurer's Records:

Date paid: _____ Amount paid: _____ Check number: _____