

DELTA KAPPA GAMMA SOCIETY

Chapter Disbursement Voucher

PAYMENT TO _____

1) PURPOSE/EXPENSE _____

AMOUNT _____ LINE ITEM _____

2) PURPOSE/EXPENSE _____

AMOUNT _____ LINE ITEM _____

3) PURPOSE/EXPENSE _____

AMOUNT _____ LINE ITEM _____

TOTAL AMOUNT _____

ATTACH RECEIPT(S)

SIGNATURE OF PREPARER/**DATE**

SIGNATURE OF PRESIDENT/**DATE**

SIGNATURE OF TREASURER/**DATE**

CHECK NUMBER _____ DATE OF CHECK _____