

KAPPA THETA CHAPTER
DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
DEPOSIT/REIMBURSEMENT REQUEST

Fill out completely, attach receipts to the back if applicable, submit to Chapter President for approval, turn in to chapter treasurer.

NAME _____ DATE _____

COMMITTEE/OFFICE _____

FUNCTION (Circle one)

Income/Deposit

Expense/Reimbursement

Purpose/Fund _____

Briefly describe below

Total _____ Check payable to _____



Approved for payment _____, President

Accepted for deposit _____, Treasurer

Reimbursement check # _____