TEXAS STATE ORGANIZATION

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

LAMBDA ALPHA CHAPTER EXPENSE VOUCHER

Date _____

Make check payable to _____

Address _____City and Zip _____

Office or Committee_____ Reason for Expense_____

Please itemize all expenditures. Attach receipts. Use back if needed.

_____ $_____

_____ $ _____

_____ $ _____

Total Expenditures $_____

Signed _____ President's Approval _____

****

For Treasurer's use only. Check # _____ Amount _____ Date _____

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