OKC Alumni Chapter of Kappa Alpha Psi

Expense Reimbursement Form

Instructions: Please complete all sections of the form. Attach a copy of the Vendor's invoice(s) and submit the completed form to the Keeper of Exchequer or Finance Committee Member.

Recipient Information

Name:	Kenyatta Lampley
Purpose:	Founders Day
Email:	kjlampley@outlook.com
Phone Number:	405.204.6512

Payment Method

_x__ Check ___ ACH: Routing # _____ Acct # _____

___ Cash ____ Debit Card

Expense Details

Date	Description	Amount	Receipt Attached (Yes or No)
01/17/2026	Tip for B & B Catering	$350	**N**

Total ($): ___350_____

For Approval Use Only			
Approved By:		**Approval Date:**	
Comments:			
Payment Date:			