

**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
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Total

Signature

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

Approved by Chapter President

For Treasurer's Records:

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