**“Alpha Kappa Alpha Sorority, Inc.®**

***Omega Omicron Omega Chapter***

**Expense Voucher**

Date: Amount: $

Person Requesting Payment:

Pay to:

Description of Expense:

Budget Line Item:

Receipt/Bill Attached: Yes No

Budget Line Item balance after Expense Voucher submission $

Reviewed by Committee Chairman (*if applicable)*: Printed Name/Signature

Reviewed by Anti-Basileus: **Jessica Wilson**

 Printed Name/Signature

Basileus Approval**: Megan D. Carthen-Jackson**

 Printed Name/Signature

Issued on Check Number: Date:

Issued by ΩOΩ Tamiouchos: **Shirley D. Huston**

 Printed Name/Signature