

**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: **Megan D. Carthen-Jackson** \_\_\_\_\_

Printed Name/Signature

Basileus Approval: **Juanette G. Clark** \_\_\_\_\_

Printed Name/Signature

Issued on Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by ΩΟΩ Tamiouchos: **Mary I. Allison** \_\_\_\_\_

Printed Name/Signature