

Alpha Kappa Alpha Sorority, Inc.®
Omega Omicron Omega Chapter

2020 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 ΩΩΩ Tamiouchos: **Shirley D. Huston** _____

Printed Name/Signature