

## Oklahoma City Alumnae Chapter Delta Sigma Theta Sorority, Inc

P.O. Box 54396 Oklahoma City, OK 73154 Attach Receipt Here

## **Check Voucher**

	COMMITTEE	
	RECEIPTS MUST BE ATTACHED	
Items Purchased:	Purpose: (Note: Can be one sentence for All items purchased)	\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL	
Advancement payment reque	ested  APPROVAL PROCESS	
	ested  APPROVAL PROCESS	Date
Requester's Signature:	APPROVAL PROCESS	Date
Requester's Signature:	APPROVAL PROCESS	
Advancement payment requester's Signature:  Committee Chairperson's Signature  Make check payable to:	APPROVAL PROCESS	Date
Requester's Signature:  Committee Chairperson's Signature  Make check payable to:	APPROVAL PROCESS  APPROVAL PROCESS  Amount	Date Date
Requester's Signature:  Committee Chairperson's Signature  Make check payable to:	APPROVAL PROCESS  APPROVAL PROCESS  Amount	Date Date
Requester's Signature:  Committee Chairperson's Signature  Make check payable to:	APPROVAL PROCESS  Amount	Date Date
Requester's Signature:  Committee Chairperson's Signature	APPROVAL PROCESS  APPROVAL PROCESS  Amount	Date Date