DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
NEVADA
Expense Voucher

PLEASE PRINT

Make Check Payable to:_____

Address: _____

City:_____ State:_____

Zip:_____

Instructions:

1. Please attach some form of evidence of expenditure(s) such as receipts.
2. If no receipts, please itemize expenses and attach to voucher.

Total Payment Requested $_____

Signature:_____

**********Complete above this line only**********

*****Expenditures will be approved by the State President.

_____

President Signature Date

Vice-President Signature ** (When President is asking for the request).

To be completed by Treasurer: **Initials of Treasurer** _____

Date Received:_____

Date Paid_____ Check #dfd_____