Lexington (KJ) Alumnae Delta Sigma Theta Sorority, Inc.	2
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To be completed by Finance: Check No. Date Issued: Amount: Mailed: Delivered:

PROGRAM/EVENT:

DATE:

REQUESTOR:

CHECK PAYABLE TO:

ADDRESS/CITY/STATE/ZIP CODE:

List each expense item separately:

	Vendor	Purchase Details & Reason for purchase	Budget Line Item	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
	Total Expenses			\$-
	Less: Cash Advance (attach Cash Advance Form)			
	Total to be reimbursed or submitted to the chapter (circle one)			\$-

Approved By:

Committee Chair/Co-Chair

President:

Treasurer: