

Voucher # _____

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
Alpha Kappa State

Claim Voucher

Please itemize all expenditures. Attach statements or bills when possible. Sign and send this voucher to the **STATE PRESIDENT** who will approve and forward it to the **STATE TREASURER** for payment.

For: _____

Total _____

Make check payable to: _____

Send to: _____

Signature _____ Date _____

Office or Committee _____

DO NOT WRITE BELOW THIS LINE

Approval by State President

Payment by State Treasurer

Signature

Signature

Date _____

Date _____

Check Number _____

Fund Classification _____