

**The Delta Kappa Gamma Society International
Pi State
Omega Chapter
Expense Voucher**

Please fill out form in duplicate.

DATE _____

NAME OF CLAIMANT _____

COMMITTEE OR OFFICE _____

ITEMIZED LIST OF EXPENSES: (Please attach receipts when available.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

SIGNATURE OF CLAIMANT _____ **DATE** _____

Please submit one copy to the Chapter Treasurer and keep the second copy for your Committee records.

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FOR TREASURER'S USE ONLY

Date Claimant was reimbursed _____

Check Number _____

Posted on Financial Report of _____

Signature of Treasurer _____