DELTA SIGMA THETA LANCASTER ALUMNAE CHAPTER

CHECK VOUCHER

Request by:	Committee Name: Chairperson: Purpose:					
Amount:		Ads: Awards: Cards: Donation: Fees: Food: Flowers: Postage: Rent: Supplies: Travel: Other: Total:				
Committee Cha	air Signature:					
Payable To:						
Address:						
Approval:						
Financial Sec			Y	N	Amount	Date
Treasurer:						
President:						