

TEXAS STATE ORGANIZATION
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
CHAPTER EXPENSER VOUCHER

Date _____

Make check payable to _____

Address _____ City & Zip _____

Office or Committee _____ Reason for Expense _____

Please itemize all expenditures to help facilitate budge planning and auditing. Attach receipts. Use back if needed.

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenditures	\$ _____

Signed _____ President's Approval _____

For Treasurer's use only: Check # _____ Date _____

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