Delta Sigma Theta Sorority, Inc
San Antonio Alumnae Chapter
P.O Box 460068
San Antonio, Texas 78246

VOUCHER REIMBURSEMENT FORM
VOUCHER INITIATOR

Date: _____

Voucher Submitted by: _____

Amount: $_____ **Check payable to:** _____

Purpose: _____

Mailing Address/City/State/Zip: _____

Check if: _____ Purchase is over $600 **attach** Company W9 **EIN or SSN:** _____

Initial: _____ Original receipts dated **over 30 days** will not be accepted for reimbursement

Initial: _____ A stop payment will be initiated for checks **not cashed within 90 days** of the date written on the check

List each item separately:

Vendor		Type of Expenditure	Amount
1			
2			
3			
4			
5			
6			
7			
8			
		Total Expenses to be reimbursed	

COMMITTEE CHAIR

Committee Name: _____

Budget Line Item if applicable: _____

Budget Balance: $ _____ **New Balance**: $ _____

APPROVED BY

Committee Chair: _____
Assistant Treasurer: _____
Treasurer: _____
President: _____

Date Paid		Check #		Amount		Multiple Vouchers Attached	

NOTE: Committee Chair submits completed voucher to the Assistant Treasurer – asst_treasurer@dstsaac.org