

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

Date _____

Make check payable to _____

Address _____ City & Zip _____

Office or Committee _____

Reason for Expense _____

Please itemize all expenditures to help facilitate budget planning and auditing. All receipts must be attached.

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENDITURES \$ _____

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

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