



Alpha Phi Alpha Fraternity Inc.
 Eta Lambda Chapter
 Expense Voucher

Requestor's Name _____ Request Date _____
 Committee Name _____ Event Date _____
 Committee Chairman _____ Committee Budget _____
 Committee Chairman Signature _____
 Voucher Number _____ Available Funds _____

EXPENSE DESCRIPTION

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL EXPENSES		_____

CHECK REQUEST	AMOUNT	CHECK NUMBER
Payee Name		
_____	_____	_____
_____	_____	_____

TOTAL CHECKS

FINANCIAL SECRETARY

Approval

TREASURER APPROVAL

If expense are greater than the approved budget
 and projected income, 3 approvals required

VICE PRESIDENT OF FINANCE
 APPROVAL

TOTAL EXPENSES

Less Advances

TOTAL to be PAID
