



<b>FOR TAMIOUCHOS ONLY</b>	
Voucher #:	_____
Account #:	_____
Check #:	_____

**CHECK REQUEST VOUCHER FORM**  
 Psi Phi Omega Chapter  
**ALPHA KAPPA ALPHA SORORITY, INCORPORATED**

REQUESTED BY:	DATE:
OFFICER/COMMITTEE:	AMOUNT: \$
BUDGET LINE ITEM:	

MAKE CHECK PAYABLE TO: \_\_\_\_\_

<b>NAME</b>	
<b>ADDRESS</b>	
<b>CITY, STATE, ZIP CODE</b>	

**RECEIPTS MUST BE ATTACHED BEFORE APPROVAL**

EXPENSE ITEMS	AMOUNT
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

**APPROVAL: All required signatures must be received prior to submission to the Tamiouchos and Basileus.**

\_\_\_\_\_  
REQUESTED BY SIGNATURE & DATE

\_\_\_\_\_  
CHAIRMAN SIGNATURE & DATE

\_\_\_\_\_  
BASILEUS SIGNATURE & DATE

\_\_\_\_\_  
GRAMMATEUS (Tamiouchos & Basileus budgeted line items)

\_\_\_\_\_  
TAMIOUCHOS SIGNATURE & DATE