



# Kappa Alpha Psi Fraternity, Inc. Upper Marlboro/Waldorf Alumni Chapter

## EXPENSE REIMBURSEMENT VOUCHER

Instructions: To ensure proper payment of this voucher, details of the expense(s) and receipts must be itemized with supporting documentation attached to this form.

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Office/Committee \_\_\_\_\_

Full Address: \_\_\_\_\_

Reason for Expense: \_\_\_\_\_

<u>Itemized Expenses</u>	<u>Amount Requested</u>	<u>Amount Approved</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
GRAND TOTAL	\$ _____	\$ _____

I hereby certify the expense(s) listed above in the amount of \$\_\_\_\_\_ was/were incurred by me while on official Province business and include only those expenses that were authorized & **necessary**.

Requester's signature \_\_\_\_\_ Date \_\_\_\_\_

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Audited and Approved for Payment  
(To be completed by the POLEMARCH AND the KEEPER OF RECORDS)

Date: \_\_\_\_\_ Paid by Check Number: \_\_\_\_\_ Account: \_\_\_\_\_

Budget Classification: \_\_\_\_\_

Total Amount of this Transaction: : \*\*\*\*\* \$ \_\_\_\_\_

Check Delivery Method : \*\*\*\*\*

\_\_\_\_\_

Transaction Processed by KOE

\_\_\_\_\_

Signature-Polemarch

Signature-Keeper of Records

(revised 9/14)

(USE REVERSE SIDE TO LIST ANY PERTINENT COMMENTS)