



Alpha Kappa Alpha Sorority, Incorporated®
Omega Mu Omega Chapter
Philadelphia, PA
PAYMENT/CHECK REQUEST VOUCHER

VOUCHER NUMBER

PLEASE NOTE: All vouchers MUST be completed fully and signed by the Officer/Chairman AND Basileus.
Target Chairmen must secure First Anti-Basileus/Program Chairman's initials giving Approval.
Attach ALL original receipts and supporting documentation (e.g. invoices, contracts, required payment(s), etc.)

Payment/Check Requested By: _____ Date: _____

Purpose of Disbursement: _____

Budgeted Item: Yes No Committee: _____

In the Amount of: _____

Amount of Check/Debit: \$ _____

Check/Debit Payable To: _____

Complete Address: _____

City, State, and Zip Code: _____

Officer/Chairman Print Name, Signature & Date

First Anti-Basileus Initial Here

Original Receipt is attached to voucher: Yes No . If no, approved justification document attached: Yes No

Purpose of Check: Deposit Advance Reimbursement Payment

APPROVALS:

Basileus Signature & Date

Other Officer Print Name, Signature & Date

DO NOT WRITE BELOW THIS LINE

VOUCHER REJECTED: _____

Date Voucher Received: _____ Accounts: Operations Fundraising Special Events

Check/Receipt/Electronic # _____ Transaction Date _____

Verified: _____
Anti Tamiouchos/Tamiouchos

Issued: _____
Tamiouchos

Tamiouchos - White

Officer or Committee Chairman - Yellow
PLEASE PRESS FIRMLY AND WRITE LEGIBLY

Requestor - Pink