

Delta Sigma Theta Sorority, Incorporated
Reimbursement Voucher Form – 49th SWR Conference

Date Requested		Issue Check Payable To	
Submitted By		Address	
Total Requested		City/State/Zip	

Committee/Office		Activity	
------------------	--	----------	--

List each expense item separately below:

Vendor	Type of Expenditure	Amount
Total		

Approved By:

Committee Chair		Date	
SWR Conference Coordinator		Date	
President		Date	
Treasurer		Date	

NOTE: After the first 2 signatures are obtained, return form to dstatx.SWRConf.BF@gmail.com for further processing.

To be completed by the Treasurer:

Check #	Date Check Issued	Check Amount