

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

Date Requested		Issue Check Payable To	
Submitted By (Name and Email)		Address	
Total Requested		City/State/Zip	

Committee/Office		Activity	
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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: Typing your name using a script or italic font is not permissible. Ink to paper signatures is required. 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