

REQUEST FOR FUNDS VOUCHER
ALPHA KAPPA ALPHA SORORITY, INCORPORATED
GAMMA SIGMA OMEGA CHAPTER
Post Office Box 23292
Savannah, GA 31403

Pay to the Order of _____

For the purpose of _____

Individual/Committee Requesting Funds: _____

Amount Requested: \$ _____

Budgeted Line Item Yes No
Account Charged: Operation Savings

Approved by: _____
Chairman

Date: _____

Approved by: _____
Basileus (Anti-Basileus-if requested by the Basileus)

Date: _____

FOR OFFICIAL USE ONLY

Amount Disbursed \$ _____

Date Disbursed _____

Check Number _____

Tamiouchos or Anti-Tamiouchos initials _____