



**HOUSTON ALUMNAE CHAPTER**  
DELTA SIGMA THETA SORORITY, INC.  
VOUCHER REIMBURSEMENT FORM

DATE: \_\_\_\_\_

CHECK#: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

PAYABLE TO:

NAME

STREET ADDRESS

CITY, STATE, ZIP

REASON FOR REQUEST:

APPROVED BY COMMITTEE CHAIR: \_\_\_\_\_

COMMITTEE: \_\_\_\_\_

BUDGET LINE#: \_\_\_\_\_

APPROVED BY PRESIDENT: \_\_\_\_\_

APPROVED BY TREASURER: \_\_\_\_\_

DATE: \_\_\_\_\_