

___ Operating

___ Community

Pi Omicron Omega Chapter
Alpha Kappa Alpha Sorority, Inc.®

Check Request Voucher

Requester's Name: _____ Date of Notification: _____ Date of Request: _____

Payee's Name: _____ Payee's Address: _____

Budget Line Item# and Name: _____

Total Budget: \$ _____ Budget Balance: \$ _____ Amount Requested: \$ _____

Reason for request of payment: _____

Reviewed By: _____ Date: _____

Committee Chair/ Designee (Officer/Title)

Grammateus/Anti-Grammateus

Approvals:

Basileus

Tamiouchos

Anti-Basileus (Required for Program Expenditures only)

FOR TAMIOUCHOS USE ONLY

Date notified: _____

Check issued? Yes _____ Check # _____

Date paid: _____

Check mailed? Yes _____ No _____

Amount paid: _____

Date mailed: _____

Documentation attached? Yes _____