



ALPHA PHI ALPHA FRATERNITY, INC.®

Beta Theta Lambda Chapter, Key #152
P. O. Box 2088
Durham, North Carolina 27702

BTL EXPENSE VOUCHER

Voucher Request Date: _____

<u>Expense Description:</u>	<u>Category:</u>	<u>\$ Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Brother:** _____ **Total Expenses:** \$ _____

**Please note:

1. Receipts for pre-paid goods or services must be supplied before funds are disbursed;
2. Any expense request which exceeds the balance of the account line item indicated in the approved Chapter Budget will be held until Chapter approval is granted;
3. Please try to submit expense vouchers to the Chapter Treasurer within two weeks of the date the expense was incurred;
4. No expenses shall be paid from un-deposited funds (i.e., cash on hand).

Payee: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

For Office Use Only:

Voucher Number: _____
Check Issue Date: _____
Check Number: _____
Check Total: \$ _____