SHAW UNIVERSITY ALUMNI – GREATER ATLANTA CHAPTER

PAYMENT AND EXPENSE VOUCHER
(**Attach Receipts**)

DATE SUBMITTED: _____

PAY TO: _____

PURPOSE: _____

COMMITTEE: _____

COMMITTEE CHAIR:_____

TOTAL REQUEST $ _____

LESS AMOUNT ADVANCED (IF ANY) $ _____

CHECK AMOUNT $ _____

TREASURER -DATE RECEIVED _____

AUTHORIZING SIGNATURES (**2 required**)

PRESIDENT _____ DATE _____

TREASURER _____ DATE _____

VP/SECRETARY _____ DATE _____

Check Number _____Date Issued _____ Assistant Treasurer _____
