

RHO BETA BETA CHAPTER

OMEGA PSI PHI FRATERNITY, INC

VOUCHER MEMORANDUM

TO: Keeper of Finance

FROM: Bro. _____ Control #: _____

DATE: _____

RE: **Request for Authorized Funds Disbursement**

Please make check in the amount of \$_____ payable to:

Name _____

Address _____

Budget Line _____

Purpose/Description of Need _____

Receipt	Item	Amount
(yes / no)		\$
(yes / no)		
(yes / no)		
(yes / no)		
(yes / no)		

Approved _____

Office _____

Date _____

Approved _____

Office _____

Date _____

For Keeper of Finance Use ONLY!

Check No. _____

Date of Check _____

Line Item No. _____

Line Item Bal. _____