

WASHINGTON, D.C. CHAPTER
SOUTH CAROLINA STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION
DISBURSEMENT VOUCHER

Date _____

Voucher/Check No. _____

Please complete three (3) copies of this form.

TO: Treasurer

Please make check payable to: _____

Mailing Address: _____

Purpose: (Include specific purpose for which this check is intended. The line item of the operating budget from which amount of this check is to be deducted must also be included in this statement.)

Amount of check: \$ _____ Date of Check _____

VOUCHER AUTHORIZATION: (Officer or Committee Chairperson)

Signature _____ Signature _____

Officer _____ Officer _____

Date: _____ Date: _____

VOUCHER APPROVAL & PAYMENT AUTHORIZATION

Approved: _____ Approved: _____

Officer: Financial Secretary

Officer: President

Date: _____

Date: _____

COMMENTS:

Signature of Treasurer

Date