



**Alpha Kappa Chapter
Epsilon Sigma Phi
Expense Voucher**

Submitted by:

Name _____ Phone _____

ESP Position _____ Email _____

Address _____

Pay to:

Name or Business _____

Address _____

Attach Appropriate Receipts

Date Incurred	Expense and Purpose	Amount

Total _____

Submit to: Donna Fryman
PO Box 192
Flemingsburg, KY 41041

Account: _____

Amount Paid _____

Check # _____

Date Paid _____