



**Alpha Kappa Chapter
Epsilon Sigma Phi**

Expense Voucher

Submitted by:

Name _____ Phone _____

ESP Position _____ Email _____

Reimbursing:

Pay to: _____

Address _____

Address _____

*Attach Appropriate Receipts, Tax Not Reimbursable
Review the budgeted line items to make sure funds are available before spending*

| Date Incurred | Expense and Purpose | Amount |
|---------------|---------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total _____

Submit to: Tyrone Gentry
298 Happyville Road
Greensburg, KY 42743

Account: _____
Check # _____

Amount Paid _____
Date Paid _____