

Gamma Chapter

Chi Eta Phi Sorority, Inc.



From: _____ Date _____

Office/ Committee: _____

Expenditures

ITEMIZE ALL EXPENSES

AMOUNT

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____

Total Expenditures \$ _____

Funds Budgeted: \$ _____

Balance Due: \$ _____

Amount Returned: \$ _____

voucher Check # _____

Signature: _____