

SHAW UNIVERSITY ALUMNI – GREATER ATLANTA CHAPTER

PAYMENT AND EXPENSE VOUCHER
(Attach Receipts)

DATE SUBMITTED: _____

PAY TO: _____

PURPOSE: _____

COMMITTEE: _____

COMMITTEE CHAIR: _____

TOTAL REQUEST \$ _____

LESS AMOUNT ADVANCED (IF ANY) \$ _____

CHECK AMOUNT \$ _____

TREASURER -DATE RECEIVED _____

AUTHORIZING SIGNATURES (**2 required**)

PRESIDENT _____ DATE _____

TREASURER _____ DATE _____

VP/SECRETARY _____ DATE _____

Check Number _____ Date Issued _____ Assistant Treasurer _____
