

**Omega Psi Phi Fraternity, Inc**  
**Upsilon Nu Chapter**  
**Payment Voucher**

Funds Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Committee: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_ Check No: \_\_\_\_\_

Is this a Budget Line Item: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Why: \_\_\_\_\_

Are Itemized Receipts Provided: Yes \_\_\_\_\_ No \_\_\_\_\_

If Not Why: \_\_\_\_\_

Total Reimbursement Claimed: \$ \_\_\_\_\_

Approved By: Chapter Basileus \_\_\_\_\_ (Signature)

Approved By: Chapter Keeper of Record & Seal \_\_\_\_\_ (Signature)

Approved By: Chapter Keeper of Finance \_\_\_\_\_ (Signature)

Date Transaction Completed: \_\_\_\_\_