

Zeta Phi Beta Sorority, Inc.
Xi Zeta Zeta Chapter and Xi Zeta Zeta Educational Foundation
Expense Voucher



Submitter name _____ Date submitted _____
 Address _____ City & State _____
 Signature _____ Date expense incurred _____

All vouchers must be accompanied by receipts

CATEGORY/LINE ITEM	DESCRIPTION OF EXPENSE	AMOUNT
Organizational Affiliations <input type="checkbox"/> NPHC <input type="checkbox"/> NCNW <input type="checkbox"/> Sigma/Zeta Council <input type="checkbox"/> SCCBCC <input type="checkbox"/> AACSA <input type="checkbox"/> NAACP <input type="checkbox"/> Other _____		
Conferences <input type="checkbox"/> Boule <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> NPHC <input type="checkbox"/> Other _____		
Donations <input type="checkbox"/> Scholarship <input type="checkbox"/> Bereavement <input type="checkbox"/> Community Service <input type="checkbox"/> Other _____		
Committees <input type="checkbox"/> Membership <input type="checkbox"/> Youth groups <input type="checkbox"/> Chapter gifts <input type="checkbox"/> Stork's Nest <input type="checkbox"/> Grad/undergrad relations <input type="checkbox"/> National projects <input type="checkbox"/> Hospitality <input type="checkbox"/> Other _____		
Administration <input type="checkbox"/> Incorporation fees <input type="checkbox"/> Communications and ads <input type="checkbox"/> Postage and stationery <input type="checkbox"/> Supplies and copies <input type="checkbox"/> Post Office box <input type="checkbox"/> Web Site <input type="checkbox"/> Bank Fees <input type="checkbox"/> Other _____		
Chapter Tax <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> State		
Dues <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> State		
Programs <input type="checkbox"/> Fish Fry <input type="checkbox"/> Finer Womanhood Luncheon <input type="checkbox"/> Thanksgiving Opportunity <input type="checkbox"/> Other _____		

TOTAL

Approved _____
Chapter Basileus

Date _____

Tamias' signature _____

Check number _____

Foundation Chapter