



Alpha Phi Alpha Fraternity, Inc.
Xi Lambda Chapter
P.O. Box 87529
Chicago, IL 60680

PAYMENT VOUCHER

DATE: 6/25/2015

Credit payment to dues? Y / N

PAYEE NAME:	E-MAIL ADDRESS:	
STREET:	CITY-STATE:	ZIP:
TELEPHONE NO:	FAX NO:	

BUDGET CATEGORY (Budget Line Item or Committee Name): Ξ Λ CHAPTER

DESCRIPTION OF ITEM / SERVICE PURCHASED (ATTACH RECEIPTS / USE OTHER SIDE IF MORE SPACE IS REQUIRED)	AMOUNT
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	\$
	\$

TOTAL AMOUNT DUE: \$

AUTHORIZED (initials) BY	(Committee Chair)	(President)	(Financial Secretary)
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THIS SECTION TO BE COMPLETED BY TREASURER ONLY

CHECK NUMBER:	VOUCHER NUMBER:	DATE:
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