

Attach Receipts Here

HAMPTON ALUMNAE CHAPTER  
DELTA SIGMA THETA SORORITY, INC.  
VOUCHER

Check No.	
Date Issued:	
Amount:	

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**Date Requested:** 5/15/25 **Submitted by:** Sharmaine Alexander-Riggins **Total Requested:** \$134.99

**Issue Check Payable to:** Sharmaine Alexander-Riggins

**Address/City State Zip:** 42 Roberts Trace Hampton VA 23666

**Committee/Office:** Live Well **Activity:** Meeting

**List each expense item separately:**

	Vendor	Type of Expenditure	Amount
1	Subway	Food	86.91
2	Dollar Tree	Supplies for Workshops /Meeting	23.37
3	Food Lion	Food workshop/meeting	24.71
4			
5			
6			
7			
8			
9			
10			
	Total Expenses		134.99
	Less Cash Advance (attached Cash Advance Form)		-
	Total to be reimbursed or submitted to the chapter (circle one)		=

Please attach all original/copies invoice(s)/receipt(s) to this voucher.

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**Approved By:**

**President** \_\_\_\_\_ **Date** \_\_\_\_\_

**Treasurer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Committee Chair/Co-Chair** \_\_\_\_\_ **Date** \_\_\_\_\_