

Attach Receipts Here

HAMPTON ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
VOUCHER

Check No.	
Date Issued:	
Amount:	

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.

Approved By:
President _____ Date _____
Treasurer _____ Date _____
Committee Chair/Co-Chair _____ Date _____