

Zeta Phi Beta Sorority, Inc.
Mu Rho Zeta Chapter

EXPENSE VOUCHER

Pay to the Order of: _____

Submitted By: _____

Address: _____

Date Submitted: _____

Reason/Event for Expense: _____

** Please attach all original receipts**

ITEM	AMOUNT
TOTAL	

Payee/Soror Signature: _____

Payment Authorized by: _____

Office

Date

Check Number: _____

Date: _____