

**Alpha Kappa Alpha Sorority, Inc.**  
**LAMBDA EPSILON OMEGA CHAPTER**  
**Program Expense Voucher**  
*Fiscal Year - January 1, 2023 to December 31, 2023*

DATE \_\_\_\_\_ CHECK THE LINE ITEM(S) TO BE DEBITED IN THE BUDGET.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Strengthen Our Sisterhood</b><br><input type="checkbox"/> "We Are One" AKA Service Day<br><input type="checkbox"/> Leadership Development  | <input type="checkbox"/> <b>Empower Our Families</b><br><input type="checkbox"/> CHIPPTM<br><input type="checkbox"/> Mental Health Awareness<br><input type="checkbox"/> Youth Leadership Institute (YLI)<br><input type="checkbox"/> Mental Health Awareness<br><input type="checkbox"/> Our Seniors | <input type="checkbox"/> <b>Build Our Economic Wealth</b><br><input type="checkbox"/> Black Dollar Days<br><input type="checkbox"/> Supporting Women Entrepreneurs<br><input type="checkbox"/> Financial Wellness & Planned Giving<br><input type="checkbox"/> Sister Circles |
| <input type="checkbox"/> <b>Enhance Our Environment</b><br><input type="checkbox"/> Shredding and Electronics Recycling Day<br><input type="checkbox"/> Tree Planting<br><input type="checkbox"/> Waste Reduction<br><br><input type="checkbox"/> Community and Home Gardens | <input type="checkbox"/> <b>Advocate for Social Justice</b><br><input type="checkbox"/> Voter Education, Registration, & Mobilization<br><input type="checkbox"/> Candidate Forums<br><input type="checkbox"/> Public Policy Forums<br><br><input type="checkbox"/> Public Servant's Guides           | <input type="checkbox"/> <b>Uplift Our Local Community</b><br><input type="checkbox"/> Celebrating Local Community Impact<br><input type="checkbox"/> Local Community Service Grants<br><input type="checkbox"/> Chapter Collaboration Recognition Program                    |

DAYS OF SERVICE: \_\_\_\_\_

OTHER (not included in budget and not indicated above) please explain \_\_\_\_\_

Explanation of Expenditure \_\_\_\_\_

Submitted By \_\_\_\_\_

Make Check Payable To \_\_\_\_\_

Address \_\_\_\_\_

Street	City	State	Zip
<b>BREAKDOWN OF EXPENDITURES</b>		<b>AMOUNT</b>	<b>RECEIPT/DOCUMENTATION</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<b>TOTAL</b>	

APPROVALS	
<i>Signature</i>	Anti Basileus
<i>Signature</i>	Basileus
<i>Signature</i>	Tamiouchos

<b>TAMIOUCHOS USE ONLY</b>		<i>revised 01-2023</i>
Check No. _____	Date Issued _____	Receipts/Documentation Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: _____		