



Alpha Phi Alpha Fraternity, Inc.
Xi Lambda Chapter
Payment Voucher Form

Date Received: _____ Check Amt.: _____

Payee Name: _____

Email Address: _____

Vendor and Purpose: _____

<u>Budget Line</u>	<u>Committee Name</u>	<u>Amount/Total</u>
TOTAL AMOUNT DUE:		

Approvals

Committee Chair: _____

President: _____

Financial Secretary: _____

The Section Completed by the Finance Team Only

<u>Check Number</u>	<u>Date</u>