



OMEGA PSI PHI FRATERNITY, INC.
ETA NU CHAPTER

Request/or Payment/Reimbursement Voucher

Date requested: _____ Date Needed: _____
Name (Print): _____
Committee/ Activity: _____
Description: _____

Budgeted Amount: \$ _____ Total spent to date: \$ _____
Current balance: \$ _____
Amount of this request: \$ _____
(Requested amount **cannot** exceed balance, without approval from Chapter Brothers)
Balance after this request: \$ _____
Make check payable to: _____
Signature: _____

Please attach supporting documentation for this request: Original Receipt(s), Invoice(s), etc.

****** APPROVAL SECTION FOR CHAPTER OFFICERS USE ONLY ******

Basileus or Designee (required) Date: _____

Keeper of Finance Date: _____

Keeper of Records and Seals Date: _____

If rejected, non-budgeted, over budgeted or or other exceptions, please explain:

