Lake Charles Alumnae Chapter
Delta Sigma Theta Sorority, Inc

Disbursement Voucher

Fiscal Year: 2026-2027 **Check#**______________ **Amount:** $_____________

Payable To:____ **Date:**_____________

Address:____

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Charge To:_________________________ **Account:**________________ **Date Mailed:**_____________

Hand Delivered By:_________________________ **Signature:**__________________________________

Please enter the amount spent under each committee item if the ticket is to be split between committees.

✔	ADMINISTRATIVE COMMITTEE	AMOUNT	✔	STANDING COMMITTEE	AMOUNT	✔	SPECIAL COMMITTEE	AMOUNT
	Accounting Expenses			Arts & Letters			Beautillion	
	Amenities			Awards			Breast Cancer	
	Copying			Delta Academy			Centennial/ Nat/Reg	
	Office Supplies			Delsprites			Founders Day	
	Photography			Delta GEMS			Golf Tournament	
	P.O. Box			EMBODI			Housing/ Properties	
	Postage/Shipping/ Publication			Finance			Minerva Circle	
	President's Expense			Healthy Lifestyles				
	Refunds			Heritage/ Archives			Workshops:	
	Safe Deposit			Senior Citizens			DID	
	Storage Building			Ways & Means			MIT	
	Telephones/ Website			International Awareness			Risk Management	
	Information/ Communication			Nominating				
	Internal Audit			Policies & Procedures			Membership Services	
	Pan-Hellic			Prog Plan & Dev			Picnic	
	Room Rental			Ritual/Ceremonies			Rededication	
	Christian Fellowship			Scholarship			Parade	
				Social Action			Gala	
							Zydeco	

Special Accounts

	Courtsey	AMOUNT		Membership Services	AMOUNT		Graduation Gifts	AMOUNT
	Miscellaneous							

Approvals: **CHECK#**__________________

President:________________________ Treasurer:__________________________ Committee Chair:______________________