

**Alpha Kappa Alpha Sorority, Inc.
Lambda Omega Chapter
20 Pearls Foundation, Inc.**

Payee: _____ Date: _____

Explanation of Expenditure (attach receipts if possible):

Total: _____

Budget Line Item (Committee/Activity): _____

Requested By: _____

(Do Not Write Below This Line, Official Use ONLY)

President Signature: _____ Financial Secretary Signature: _____

Treasurer's Use Only:

Check # _____ Date _____

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