



Alpha Kappa Alpha Sorority, Inc.
Alpha Kappa Omega Chapter
Check Request Form

Check Request Date: ____ / ____ / ____

Payee: _____

Address: _____

_____ (City) _____ (State) _____ (Zip Code)

Does check need to be mailed? No Yes
(If "Yes", please provide mailing address above.)

Requested By: _____

Committee Chairman: _____ Date: ____ / ____ / ____
(Signature)

Committee: _____

Attach Original Receipts, Invoices or Other Supporting Documentation

Item Description	Expense Account <i>(see reverse side)</i>	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total Check Amount	\$ _____

For Office Use

Basileus: _____ Date: ____ / ____ / ____
(Signature)

Tamiouchos: _____ Date: ____ / ____ / ____
(Signature)

Received By: _____ Date: ____ / ____ / ____
(Signature)

Check Number: _____