



Kappa Kappa Psi & Tau Beta Sigma District Fund Requisition



DISTRICT: _____ KKΨ TBΣ DATE: _____

The National Headquarters will make payment directly to the payee at the address provided on the form.

NAME OF PAYEE: _____

PURPOSE: _____

Transportation Expense:	\$ _____
Lodging Expense	\$ _____
Postage & Mailing:	\$ _____
Telephone:	\$ _____
Printing & Copying:	\$ _____
Other (Specify):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSES:	\$ _____

Signature of Payee: _____

Address of Payee: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Approved:

District Treasurer

Date

District Governor/Counselor

Date

NOTE:

1. Receipts must be attached to receive payment.
2. Alcoholic beverages are not allowable.
3. Upon completion, send this form with supporting documents to your district treasurer.
4. Payment will be made only after this form is approved by your District Treasurer and District Governor / Counselor.