

KAPPA KAPPA PSI & TAU BETA SIGMA
**District Fund
 Requisition**



DISTRICT: _____ KKΨ ΤΒΣ 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: | \$ _____ |
| Awards/Grants: | \$ _____ |
| 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.