

**South Dakota State Council
Epsilon Sigma Alpha
VOUCHER**

Submitted by: _____ Date: _____

(name) _____

(address) _____

(phone #) _____

(e-mail) _____

Item	Item #	Amount requested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Treasurer's Use Only)		
Check #	_____	Amount _____
Date paid	_____	Paid To _____
Office	_____	

SEND TO:

Treasurer _____

Address _____

E-mail _____

Phone _____