



**DELTA KAPPA GAMMA SOCIETY INTERNATION  
Wisconsin State Organization  
Action Grant Project Expense Voucher**

**Mail this voucher to the Action Grant Committee Chair  
Bobbi Momchilovich  
1150 County Road H  
Cumberland, WI 54829**

Make Check Payable to: \_\_\_\_\_

Send Check to:  
Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Chapter \_\_\_\_\_

Location \_\_\_\_\_

Action Grant expenses not exceeding the amount of grant:  
(Please attach itemized receipts.)  
Total: \_\_\_\_\_

I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED FOR LEGITIMATE SOCIETY BUSINESS.

\_\_\_\_\_  
Chapter Member's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
WSO Action Grant Chair Date: \_\_\_\_\_

\_\_\_\_\_  
WSO State Organization Approval Date: \_\_\_\_\_

**For Office Use Only:**  
Voucher No. \_\_\_\_\_ Check No. \_\_\_\_\_ Date \_\_\_\_\_

**3/30/2020**