



**Zeta Phi Beta Sorority, Inc.
Sigma Kappa Zeta Chapter**

FUNDS REQUEST FORM

Name:

Date:

Event:

Committee:

Budget Line:

Description:

Amount of Request:

Form of Payment:

PayPal (email address):

Zelle (email or phone#):

Cash

Chapter Check Payable To:

Certified Check/M.O. Payable To:

Chapter Credit Card:

Non-Cash Transaction. Apply funds to:

Signature:

PLEASE ATTACH RECEIPTS WITH PURCHASE HIGHLIGHTED.

<i>Receipts Received?:</i>	<i>YES</i>	<i>NO</i>	<i>N/A</i>
<i>Reviewed by TG</i> (initial)	<i>Reviewed by Tamias</i> (initial)		<i>Approval Date:</i>
<i>PayPal/Zelle-date sent:</i>	<i>Date Cash delivered:</i>		
<i>Check #:</i>	<i>Check Date:</i>		
<i>Certified Check/MO date:</i>	<i>CC paid date:</i>		