



Educational & Charitable Foundation
Eta Phi Beta Sorority, Incorporated – Grand Chapter

Name _____ Telephone _____ Date _____

Address _____ City _____ State _____ Zip Code _____

Check One Box

National President External Director Director Financial Officer

Purpose	Acct Code	Amount(s)	Receipt(s) Attached	Remarks
Airline/ Bus / Train	551			
Limousine / Transportation – Shuttle Round Trip	551			
Auto Mileage - Parking	551			
Lodging	551			
Postage / Shipping	571			
Copying	572			
Supplies	573			
Telephone	588			
Other:				
Total Amount Requested				

All Receipts Must be attached to this Reimbursement Request Form

*****Reimbursement will be made in compliance with the ByLaws*****

Total Reimbursement Approved _____

Date _____

President _____

Financial Secretary _____

Voucher # _____

Treasurer _____

Check # _____

**** Submit to Foundation Financial Secretary, Elsie Jefferson, 3659 Kings Park Way, Decatur, GA 30034 ****