Delta Omega Chapter USE ONLYrevised 3/28/2020

**Delegate Report Submitted By**:

**Delta Omega Chapter**

**Delegate Conference Reporting Form**

**(DCR)**

**Date of Report**:

**Regional Conference (Name/Dates/Location)**:

**Title of Workshop (list all workshops attended)**:

**Workshop Summary of Information (summarize each workshop that you attended)**:

**Next Steps (Specifically, how you would like to utilize the information gained to support Delta Omega Chapter?):**

**DELTA OMEGA CHAPTER**

**ALPHA KAPPA ALPHA SORORITY INCORPORATED®**

**EXPENDITURE/CHECK REQUEST VOUCHER**

Requested by       Date

Please issue a check to Amount **$**

For

Original Receipts attached YES [ ]  If NO, state reason:

Approved by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Basileus Other Officer

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Line #

 Committee Chairman Budget Line Item

For Administrative Purposes Only

Payment Issued on Check Number \_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved/Issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Voucher Number \_\_\_\_\_\_\_\_\_\_

 Tamiouchos

 Comments: