



# Reimbursement Request

The Delta Chi Fraternity, Kettering-B Chapter

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Committee: \_\_\_\_\_ Term: \_\_\_\_\_

Description: \_\_\_\_\_

Amount: \_\_\_\_\_

☐ Check this box if you would like to receive a check.

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A receipt must be STAPLED to the back of this form. The D will not accept this request until all required signatures have been completed. If you requested a check, you will receive it within 5 days of submission of this request. If the request is for an amount of \$100 or more, both the President and Vice-President must sign. If the amount is less than \$100, then only one of the two must sign.

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## Signatures

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_

Vice-President: \_\_\_\_\_ Date: \_\_\_\_\_

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Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_