

PLEASE TYPE OR PRINT

FORM 2A

OFFICE USE ONLY
Voucher Information

Page _____ of _____

OMEGA PSI PHI FRATERNITY, INC.
REPORT OF REMITTANCE OF FUNDS - DUES

Dist.: **4th** Chapter Name: _____ Chapter Number: _____

Chapter Mailing Address: _____

City: _____ State: _____ Zip: _____ Report type (Check one) Reg. Life

Grad Natl Dues= 100, Und Natl Dues= 65, Natl Reinstatement Fee= 3, Natl Late Fee= 5, Grad Dist Dues=40, Und Dist Dues=30, Dist Late Fee= 1

Late fee assessed if RECEIVED after December 31

Please Indicate Fiscal Year NOVEMBER 1 , 20 ____ to OCTOBER 31 , 20 ____		DUES	REINSTATE- MENT	LATE FEE	TOTAL
CONTROL NO.	BROTHER'S NAME (First, Middle Initial, Last) and permanent home address (include zip code)				
Total by Item					

KRS Name: _____ Date: _____

Remittance by money order, certified or cashiers
check or bank draft number

Address _____

City: _____ State: _____ Zip: _____ Daytime
Phone# () _____

OPPF RECEIPT #

	OFFICE USE ONLY			
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