



# Zeta Phi Beta Sorority, Incorporated

## Great Lakes Region

Chapter Financial Reporting Form | Fiscal Year 2015 - 2016

### Instructions

To report annual chapter tax and per capita fees, please complete and submit two (2) copies of this form, two (2) copies of National Chapter Financial Report B (exact copy of the form submitted to IHQ) along with payment to the Great Lakes Region Tamias-Grammateus by **October 31, 2015**; late fees will be applied for forms postmarked thereafter. To ensure the form is processed without error, please **TYPE** all information. Questions? Please contact Soror Nikki Purvis at greatlakestg@gmail.com.

### Chapter Information

Chapter Name	_____	College/University	_____
Location	_____	Advisor's Name	_____
Chapter Basileus	_____	Advisor's Telephone Number	_____
Basileus Email Address	_____	Advisor's Email Address	_____
Chapter Mailing Address	_____	Sponsoring Graduate Chapter	_____
Addressee's Name	_____	Sponsoring Chapter Basileus	_____

### Payment Information

Make chapter check, cashier's check or money order payable to Zeta Phi Beta Sorority Great Lakes Region. **Please note, late fees will be applied for forms postmarked after October 31, 2015.**

Graduate Chapter Tax	\$50	\$	Undergraduate Chapter Tax	\$20	\$
Late Fee	\$5	\$	Late Fee	\$5	\$
*Graduate Per Capita	\$20 x _____	\$	*Undergraduate Per Capita	\$15 x _____	\$
Late Fee	\$5 x _____	\$	Late Fee	\$5 x _____	\$
Total Enclosed		\$	Total Enclosed		\$

\* If you are submitting this form after October 31st to pay per capita fees for new members initiated after October 31st or reclaimed members during Finer Womanhood Month, do not add a late fee.

Submitted by	_____	Title	_____	Date	_____
Telephone	_____	Email Address	_____		_____

*Remit two (2) copies of this form, two (2) copies of National Chapter Financial Report B along with payment (chapter check, cashier's check or money order payable to Zeta Phi Beta Great Lakes Region) to:*

**Soror Nikki Purvis  
Regional Tamias-Grammateus  
PO Box 450  
Milwaukee, WI 53201**

#### FOR TAMIAS GRAMMATEUS USE ONLY

Received by	Date	Postmark Date	Payment Type	Record Number
			CK # _____ CCX MO	