

VOUCHER: AKUGBE ASSOCIATION, DFW

Applicant's name:

Date of application:

Description of diploma.

Graduate's name.

**AKUGBE ASSOC. ACADEMIC ACHIEVEMENT
REWARD**

Upon verification, the Treasurer has determined that the above information is authentic and may warrant reward to the applicant's son/daughter whose name is on this application.

[Signature box]

Applicant's signature

[Signature box]

Treasurer's signature

[Signature box]

President's signature