



OMEGA PSI PHI FRATERNITY, INC.

Rho Beta Beta Chapter Remittance Form

Name:		Date:	
Control #		Life IHQ #	9-D#
Payment of Chapter Dues – Please Check Appropriate Boxes			
Payment Destination	Amount	Method of Payment	
<input type="checkbox"/> IHQ Life Member	\$ _____	<input type="checkbox"/> Check # _____	
<input type="checkbox"/> National	\$ _____	<input type="checkbox"/> MO # _____	
<input type="checkbox"/> 9 District Life Member	\$ _____	<input type="checkbox"/> Certified CK # _____	
<input type="checkbox"/> District	\$ _____	<input type="checkbox"/> Credit Card	
<input type="checkbox"/> Chapter	\$ _____	<input type="checkbox"/> PayPal # _____	
<input type="checkbox"/> Misc. (reinstatement)	\$ _____		
Fiscal Period _____/____/____	Total \$ _____	<input type="checkbox"/> Cash	
Payment of Chapter Events – Please Check Appropriate Boxes			
Payment Destination	Amount	Method of Payment	
<input type="checkbox"/> Founder's Day	\$ _____	<input type="checkbox"/> Check # _____	
<input type="checkbox"/> Family & Friends	\$ _____	<input type="checkbox"/> MO # _____	
<input type="checkbox"/> Boatride	\$ _____	<input type="checkbox"/> Certified CK # _____	
<input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Credit Card/Pay Pal	
Fiscal Period _____/____/____	Total \$ _____	<input type="checkbox"/> Cash	
For Internal Administrative Use Only by the KRS – Do Not Complete			
Name of Payment Entity:			
Amount of Receipts Given: 1 – 2 – 3 – 4 –			
Receipt(s) Number(s)		Payment Towards	
Notes:			
International District, Chapter Dues Structure			
Before December 21 ➤ National - \$125.00 ➤ District - \$50.00 ➤ Chapter - \$200.00 ➤ Total - \$375.00		After December 21 (Late Fees) ➤ International - \$130.00 ➤ District - \$55.00 ➤ Chapter - \$250.00 ➤ Total - \$435.00	