CHECK REQUEST

Check Number _____

to be used when reimbursing an individual for money already spent or an invoice is attached

Requested by: _____

Date: _____

Make check out to _____

Amount _____

Known in the SCA as _____

Mail to _____

Street _____

City, State Zip _____

Reason for request or expense:

Deduct from Fund	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	Total spent	_____
_____	Budgeted	$0.00
_____	Total to be reimbursed	_____

APPROVAL-complete section one or two.

Section One- Budgeted expense

Exchequer _____   _____   Date _____

Print mundane name/SCA name   Signature -Mundane

Section Two-Non-Budgeted Expense

Seneschal _____

Exchequer _____

Fin. Com. Member _____

Fin. Com. Member _____   _____   Date _____

Print mundane name/SCA name   Signature -Mundane

CR-2009/01