

Check Number _____

CHECK REQUEST

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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total spent _____ -

Budgeted _____

Total to be reimbursed _____

APPROVAL-complete section one or two.

Section One- Budgeted expense		Date
Exchequer	_____	_____
	Print mundane name/SCA name	Signature -Mundane

Section Two- Non-Budgeted Expense		Date
Seneschal	_____	_____
Exchequer	_____	_____
	_____	_____
	_____	_____
	Print mundane name/SCA name	Signature -Mundane