

## CHEQUE REQUEST

### PAYEE INFORMATION

|  |                 |
|--|-----------------|
| Pay to the Order of:<br><small>(modern name)</small> |                 |
| Street Address:                                      |                 |
| City:  | State/Province: |
| Zip/Postal Code:                                     | (Country):      |

Check One

|                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | Reimbursement |
| <input type="checkbox"/> | Cash Advance  |
| <input type="checkbox"/> | Direct Pay    |
| _____                    |               |
| Date of Request          |               |

### BUDGET AUTHORIZATION

|  |                       |
|--|-----------------------|
| Charge to Office or Event Budget for:      |                       |
| Requested by: <i>(SCA name or office):</i> | <i>(modern name):</i> |
| Contact info: <i>(email):</i>              | <i>(phone):</i>       |
| Approved by: <i>(SCA name or office):</i>  |                       |

### DESCRIPTION OF EXPENDITURE

|  |
|--|
| (Describe what you are BUYING or would like REIMBURSEMENT-for -- attach detail if necessary):<br><br>_____<br>_____<br>_____ |
|--|

|                                      | OFFICE ADMIN | EVENTS | FUND RAISING |            |
|--------------------------------------|--------------|--------|--------------|------------|
| 0 (Advances) – to be Reconciled      |              |        |              |            |
| 1 Advertising                        |              |        |              |            |
| 2 Equip. Rental & Maintenance        |              |        |              |            |
| 3 Fees & Honoraria                   |              |        |              |            |
| 4 Food                               |              |        |              |            |
| 5 General Supplies                   |              |        |              |            |
| 6 Insurance (non-SCA)                |              |        |              |            |
| 7 Occupancy & Site Charges           |              |        |              |            |
| 8 Postage/Shipping/PO Box Rent       |              |        |              |            |
| 9 Printing & Publications            |              |        |              |            |
| 10 Telephone                         |              |        |              |            |
| 11 Travel (Gas, Tolls, Airfare, etc) |              |        |              |            |
| 12 Other Expenses (attach list)      |              |        |              |            |
| 13                                   |              |        |              |            |
| 14 <b>TOTAL REQUEST</b>              |              |        |              | <b>(A)</b> |

|   |            |  |
|---|------------|--|
| <b>EXCHEQUER'S OFFICE INFORMATION:</b><br>Comments: | Cheque #:  |  |
|   | Date Paid: |  |

|   |                               |                          |
|---|-------------------------------|--------------------------|
| <b>RECONCILE ADVANCES</b>   | Receipts turned-in <b>(B)</b> | Total Accounted-for      |
|   | Cash Returned <b>(C)</b>      | <b>[(B) + (C)] =</b>     |
| <b>Un-Reconciled Advance (should be -0- if all has been accounted-for)</b><br><small>(if &gt;0, Money is owed to SCA; if &lt;0, Money is owed to Payee)</small> |                               | <b>[(A) – (B) – (C)]</b> |
| Resolution: is money owed to either party?  |                               |                          |

*Attach all required documentation (invoices, bills, receipts, cost estimates, mileage detail, etc.). If receipts include more than requested reimbursement, indicate the amount that is to be reimbursed by circling it on each receipt.*