Kingdom of Trimaris CHECK REQUEST

Date:_____

Please Issue Check To (Mundane Name): _____

Address: _____

_____

What is check for? _____

Requested By - Mundane Name?_____

SCA Name? _____

TOTAL CHECK AMOUNT
$

		EXPENSES CATEGORY					
RECEIPT DATE	PURCHASE DESCRIPTION	POSTAGE	PRINTING	SUPPLIES	FOOD	OTHER	TOTAL
	TOTAL AMOUNT:						

NON-RECEIPT ITEMS:

ITEM	AMOUNT
FOOD	
AUTOCRAT	
SITE FEES	
CHANGE BANK	

TOTAL AMOUNT: _____

Refund of Site Fees: Please explain below and attach documentation. Exchequer will determine amount of refund due._____

_____

_____

_____

_____

_____

_____

REQUIRED

Seneschal Signature Date:____/____/____

Mundane Name:_____

SCA Name: _____

Exchequer Signature Date:____/____/____

Mundane Name:_____

SCA Name: _____

OVER $100

King Signature Date:____/____/____

Mundane Name:_____

SCA Name: _____

— OR —

Queen Signature Date:____/____/____

Mundane Name:_____

SCA Name: _____

EXCHEQUER USE ONLY

Check Number:_____ _ ○ Mngmt/General

Date Paid:_____ ○ Program Services

Amount: _____ ○ Fundraiser

★ ★ ★ ATTACH RECEIPTS TO THIS REQUEST ★ ★ ★

(Receipts over 6 months old will not be reimbursed)

Comments: _____

_____

_____

rev 02.06.2008