

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
\$ _____

RECEIPT DATE	PURCHASE DESCRIPTION	EXPENSES CATEGORY					TOTAL
		POSTAGE	PRINTING	SUPPLIES	FOOD	OTHER	
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: _____	<input type="radio"/> Mngmt/General
Date Paid: _____	<input type="radio"/> Program Services
Amount: _____	<input type="radio"/> Fundraiser

*** ATTACH RECEIPTS TO THIS REQUEST ***
(Receipts over 6 months old will not be reimbursed)

Comments: _____