

(date)	Seneschal Verification		Check Number	
mark when yes: []	Receipts Attached		Check Date	
	Fund		Check Amount	

Check Request Form

Branch Name:					
Requested by:					
Make check out to:					
Known in the SCA as:					
Mail to					
Street					
City, State Zip					
Description of items purchased and/or reason for expense:					

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I understand that by cashing this check I have supplied receipts/invoices, or will supply receipts, invoices, checks, or a combination of funds and documentation totaling the amount of this check **within 60 days from the date of the check.**

Print Legal Name				Signature	Date
RECONCILED DATE:		CASH RETURNED Y N			

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APPROVALS	Print Legal Name			Signature	Date
Budgeted:					
Exchequer					
Seneschal					
Non-Budgeted					
Financial Committee					
Financial Committee					