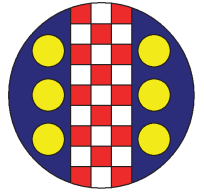




KINGDOM OF AVACAL CHEQUE REQUISITION



PAYEE INFORMATION

Pay to the Order of: (modern name)			
Street Address:			
City:		Province:	
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: (SCA name or office):			
(modern name):			
Contact info: (email):		(phone):	
Approved by: (SCA name or office):			

DESCRIPTION OF EXPENDITURE (Describe what you are BUYING or would like REIMBURSEMENT-for -- attach detail if necessary):

--

	OFFICE ADMIN	EVENTS	FUND RAISING
(Advances) – to be Reconciled			
Advertising			
Equip. Rental & Maintenance			
Fees & Honoraria			
Food			
General Supplies			
Insurance (non-SCA)			
Occupancy & Site Charges			
Postage/Shipping/PO Box Rent			
Printing & Publications			
Telephone			
Travel (Gas, Tolls, Airfare, etc)			
Other Expenses (attach list)			
TOTAL REQUEST			(A)