



REQUEST FOR PAYMENT

Date of Request: _____

Your Name: _____

Your Address: _____

Your Phone Number: _____

Committee / Event: _____

Reason for Expense: _____

Name of Committee Chair Approving Expense: _____

Pre-approvals must be obtained by co-presidents on purchases that have exceeded the allocated committee budget and on reimbursements totaling over \$5,000. Failure to obtain approval may result in the purchaser having to incur the expense.

CHECK INFORMATION

Check Payable to: _____ **Total Amount: \$** _____ *

**Please attach original receipts, and retain a copy for your records. Please remember that the SCA is a tax-exempt organization and Tax Exempt Certificate must be used for all SCA purchases. It is against the law for us to reimburse any taxes paid.*

Signature of Requester: _____

Signature of Co-President: _____

Please place completed form in the SCA mailbox to the attention of Claudette Corn, Treasurer, or email a completed form to ccorn.gwlsca@gmail.com. Please contact Claudette by email with any questions.

FOR SCA TREASURER USE ONLY

CHECK #	DATE	SIGNATURE OF TREASURER