

SCEA CHECK REQUEST

Section # _____ Today's Date _____

Event _____ Event Date _____

Please make check payable to:

Name

Address

City, State, & Zip

Amount

For IRS purposes, a social security number is needed for any individual receiving payment for a service.

Check must be authorized by two section officers and audited by the SCEA Accountant.

Dyan Dallis E. C.

Signature & Position

Signature & Position

Signature - SCEA Accountant

Send Bottom Copy To SCEA Office.

Must be received by VEA Accountant at least 14 days prior to need.

Do not sign contracts.

Forward contract to SCEA office for SCEA Manager's signature.

A budget - reconciliation sheet must be received prior to checks being issued.

A valid receipt must accompany this request.