



Request for SCC Funds

Today's Date:	
Date of Event:	
Name of Event:	
Location of Event:	
Item/Service:	
Reason for Request:	
Amount of Purchase/Reimbursement:	
Make Check Payable to:	
Check one of the following:	<input type="checkbox"/> Purchase <input type="checkbox"/> Reimbursement

**** (ORIGINAL RECEIPTS MUST BE INCLUDED IN THIS REQUEST) ****

By checking this box I agree that I am only using the funds for the reasons requested in this document and will return any unused funds.

Name of Person Requesting Funds:	
Signature of Person Requesting Funds:	

FOR SCC USE ONLY ___ **APPROVED** ___ **NOT APPROVED**

Check # _____ Date written _____ Date mailed/ provided to requestor _____

_____ **Treasurer's signature**

_____ **Moderator/Vice Moderator signature**

Date Approved by Council _____