

REQUEST FOR FUNDS FROM THE BARONY OF AARQUELLE

Please Print Clearly

Date: _____

Requested by (SCA name): _____

Legal Name: _____

Phone Number: _____

Pay to the Order of: _____

Amount Requested: \$ _____

Event Name & Date (if applicable): _____



Purpose of Funds: _____

I understand that I am required to submit receipts to document any advance or reimbursement, and that all advanced funds not accounted for by receipts must be returned to the Exchequer.

Requestor Signature (Legal Name) _____

Date _____

FINANCIAL COMMITTEE RESPONSE

____ Request for funds is granted.

Check Number: _____ Date Issued: _____ Amount: \$ _____

____ Request for funds is denied.

Explanation: _____

1st Authorized Signature

Date

2nd Authorized Signature

Date

EXCHEQUER USE

Total Spent: \$ _____

Notes: _____

Attached Receipts: \$ _____

Total Returned to Exchequer: \$ _____

Date: _____

Exchequer Signature _____