



# Santa Clara Valley Veterinary Medical Association

## Check Request Form

Attach all receipts and invoices and submit to the Treasurer with receipts/documentation  
Email [SCVMA.Treasurer@gmail.com](mailto:SCVMA.Treasurer@gmail.com) with any questions

Payee or Vendor Name (Make check out to): \_\_\_\_\_

Payee/Vendor Full Address: \_\_\_\_\_

|                                       |       |                 |
|---------------------------------------|-------|-----------------|
| List Expenditures:                    | _____ | \$ _____        |
| (Use back if needed)                  | _____ | \$ _____        |
|                                       | _____ | \$ _____        |
|                                       | _____ | \$ _____        |
| <b>TOTAL REIMBURSEMENT REQUESTED:</b> |       | <b>\$ _____</b> |

Person requesting check:

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature and date: \_\_\_\_\_

FOR BOARD USE ONLY:

*Treasurer Approval signature:* \_\_\_\_\_

Circle budget category check issued under (and specify the amount deducted from each category if more than one):

|                       |                                   |
|-----------------------|-----------------------------------|
| Administrative _____  | Meetings/Events _____             |
| Honorary Awards _____ | CVMA Delegate Reimbursement _____ |

Check number: \_\_\_\_\_ Check date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Date check was mailed or handed to payee: \_\_\_\_\_