

**SCAVMA**  
**Check Request Form**  
*(not for Individual Funds)*

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Organization Name: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Fiscal year (circle): '06-'07      '07-'08      '08-'09      **'09-'10**

Please Circle Appropriate Budget Category:

**Club or Class Funds:**

- Educational Funds
- Class Account \_\_\_\_\_ (year)
- Club Membership Fees

**SCAVMA:**

- Meetings & Promotions
- Officer Travel
- Operational Expenses
- Graduation Expense
- Pharm Fair Expenses

**VMSS Expenses**

**SAVMA:**

- SAVMA dues
- SAVMA Symposium
- SAVMA Rep Expenses

**Social:**

- Study Break Expense
- Auction Expense
- Other Social Events

**Awards:**

- Instructor Award
- SCAVMA Scholarships

Other/Unknown: \_\_\_\_\_

**Please attach appropriate invoice or receipts**

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SCAVMA Authorization

Amount Awarded \$ \_\_\_\_\_

Attached Club Education Fund Application \_\_\_\_\_ (if needed)

SCAVMA President Signature \_\_\_\_\_

SCAVMA Treasurer Signature \_\_\_\_\_