

**SCAVMA
INDIVIDUAL FUND Check Request Form**

Your Name: _____ Class: _____

Today's date: ____/____/____

Amount Requested: \$_____

Brief description of event/travel: _____

Date of presentation: ____/____/____ Initials of witness _____ **OR**

Individual Funds Experience Description Form Attached

Please attach:

- **Appropriate invoices/receipts**
- **Individual Funds Experience Description form (if presentation was not given)**

SCAVMA Authorization

____ SCAVMA dues paid

____ SCAVMA points (2)

____ Attended 2 meetings

____ Experience Description Form complete or Presentation verified

____ Attached Approval form

Amount Awarded: \$ _____

Signature of SCAVMA President _____

Signature of SCAVMA Treasurer _____