

**SCAVMA
INDIVIDUAL FUND Check Request Form**

Your Name: _____ Class: _____
Today's date: ____/____/____
Email address: _____

Event/Externship/Activity/etc _____
Amount Requested: \$ _____

Fiscal year (circle): '06-'07 '07-'08 '08-'09 **'09-'10**
Date of presentation: ____/____/____ Initials of witness _____

Please attach appropriate invoices or receipts

SCAVMA Authorization

- ____ SCAVMA points (2)
- ____ Attended 2 meetings
- ____ Attached Approval form

Amount Awarded: \$ _____

Signature of SCAVMA Treasurer _____