SCAVMA
Check Request Form
(not for Individual or Club Funds)

Today’s date: _____/_____/_______
Organization Name:_____________________________________
Check Payable to:  ______________________________________
Amount Requested: $________

Please Circle Appropriate Budget Category:

Class Funds:
Class Account _____(year)

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

SCAVMA Authorization
Amount Awarded $________
SCAVMA President signature ______________________________
SCAVMA Treasurer signature _____________________________