



south carolina chapter

Policy Title: Attachment A - Check Request Form

Revised Date: October 6, 2023
Reviewed Date: January 5, 2024
Approved Date: January 5, 2024
Effective Date: October 1, 2015

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CHECK REQUEST FORM

Date: _____

Payee Name

Address Line 1

Address Line 2

City/State/Zip

TOTAL AMOUNT REQUESTED: \$ _____

1. _____ **Registration Fee**

Registrant's Name

Position in SC Chapter

Employer

2. _____ **Travel Expense (Explain)** _____

3. _____ **Other Expense (Explain)** _____

PROGRAM OR ACTIVITY TO BE CHARGED:



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Note: Please attach supporting documentation (i.e., Invoice, Receipts)

Date Paid:	_____
Check No:	_____
Account No.:	_____

Requested by:

Approved by President or Treasurer:

Policy Committee Review Date: January 5, 2024 _____

Policy Committee Chair Signature/Date: 01/05/2024 *Woody Quinn*

SCHFMA Board Review Date: January 31, 2024 _____

SCHMFA President Signature/Date: 01/31/2024 *Jen Hayes*