



The Symphony Guild of Charlotte, Inc.

Check Request

Date:		Amount:	\$
Submitted by:		Tax:	\$
Phone #:		TOTAL:	\$
MAKE PAYABLE TO:			
Name:			
Address:			
City, State, Zip:			
Purpose (in detail):			

Approved by: \_\_\_\_\_  
 (Must be signed by Area Vice President)

**APPROVED BILLS/RECEIPTS MUST BE ATTACHED FOR PAYMENT!**  
 Please submit bills within 30 days of receipt or prior to May 15<sup>th</sup>.  
 Please contact Treasurer if you cannot do so.

Mail to Treasurer:

Susan Carr  
 400 N. Church St. #515  
 Charlotte, NC 28202

s3carr@gmail.com  
 434-962-7060 (c)



Accounting Purposes		Project/Committee:	
Revenue Budgeted:	\$	Check #:	
Total Revenue Received:	\$	Date:	
Expenses Budgeted:	\$	Check Amount:	\$
Total Expenses Paid:		Account #:	

\_\_\_\_\_ Need Finance Committee Approval before next expense can be paid