



The Symphony Guild of Charlotte, Inc.

Check Request 2010-11

Date: _____ Amount: _____

Submitted by: _____ Tax: _____

Phone #: _____ Total: _____

MAKE PAYABLE TO:

Name: _____

Address: _____

City, State, Zip: _____

Purpose (in detail): _____

Approved by: _____

(Must be signed by Committee Chair or Officer)

APPROVED BILLS/RECEIPTS MUST BE ATTACHED FOR PAYMENT!

Please submit bills within 30 days of receipt or prior to May 15th.

Please contact Treasurer if you cannot do so.

Mail to Treasurer:

Sallie Moody
1826 Dilworth Road West
Charlotte, NC 28203

Fax: contact Sallie for fax instructions
Email: salliemoody@carolina.rr.com

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