



**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 the Treasurer if you cannot do so.

Mail to Treasurer:  
 Betty Seifert  
 16022 Lakeside Loop Lane  
 Cornelius, NC 28031-0379

Email: [Treasurer@SymphonyGuildCharlotte.org](mailto:Treasurer@SymphonyGuildCharlotte.org)  
 Cell: 704-351-1289

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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.