



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:

Tammy Matula  
7732 Woodmere Drive,  
Harrisburg, NC 28075

Treasurer@SymphonyGuildCharlotte.org  
(845) 787-9230 (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