Kingdom of Ealdormere
Cheque Requisition Form

Society Name: _____

Modern Name: _____

Address: _____

_____

Phone: _____ Email: _____

Office: _____ Amount Requested: _____

Reason: _____

This expenditure authorized by: the Standard Budget ☐ Finance Committee ☐
Special Purpose Fund ☐

All receipts must be attached for processing. This form must be sent to the Kingdom Exchequer. Please allow 3- 4 weeks for processing. If this request is for an advance of funds, please contact the Kingdom Exchequer for the proper form.

_____

Date Signature – recipient Signature – Kingdom Exchequer

Office Use Only

Date Received: _____ Is this an authorized expenditure? ☐ Yes ☐ No

What part of the Budget is this expenditure noted in? _____

Comments: _____

_____

Approved by: _____ Cheque #: _____

Date Issued: _____ Date Mailed: _____

Bank Clearing Date: _____

_____

Signature – Kingdom Exchequer Signature - second