



The Symphony Guild of Charlotte, Inc. Check Request (or Zelle)

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

Approved by: _____
(Must be signed by a Board member)

Second Approval for requests over \$500: _____

APPROVED BILLS/RECEIPTS MUST BE ATTACHED FOR PAYMENT!

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

Please contact the Treasurer if you cannot do so.

Mail to Treasurer:
Richard McKnight
2633 Richardson Dr. 2A
Charlotte, NC 28211

Email: Treasurer@SymphonyGuildCharlotte.org
Cell: 704-516-6400

* Indicate if you will receive funds via Zelle using cell phone. ____

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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 the next expense can be paid.