

# Canton of Hawks Hollow

## Request for Funds

Please Print Clearly

Date: \_\_\_\_\_  
Requested by (SCA name): \_\_\_\_\_  
Legal Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Pay to the Order of: \_\_\_\_\_  
Amount Requested: \$ \_\_\_\_\_  
Event Name and Date (if applicable): \_\_\_\_\_

**PLEASE ATTACH ALL RELEVANT RECEIPTS TO THE BACK OF THE  
FORM AND RETURN TO THE EXCHEQUER.**

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I am required to submit receipts to document any advance or reimbursement, and that all advanced funds not accounted for by receipts must be returned to the Exchequer.

\_\_\_\_\_  
Requestor Signature (Legal Name)

\_\_\_\_\_  
Date

\_\_\_\_ Request for funds is granted.  
Check Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_ Request for funds is denied.  
Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
1st Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2nd Authorized Signature

\_\_\_\_\_  
Date

Total Spent: \$ \_\_\_\_\_ Attached Receipts: \$ \_\_\_\_\_ Returned to Exchequer: \$ \_\_\_\_\_ Date: \_\_\_\_\_