SDBS Check Request

Date Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payable To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City,State,Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please enclose receipts

Category of Expense:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check below and describe further if required

Advertising: o Magazine Meeting Expense: O Hospitality

O Del Mar Fair O Speaker Fees

O Membership Flyers O Travel/Lodging

Bead Bazaar: O Advertising O Rent

O Equipment Rental O Equipment

O Hospitality Membership: O Supplies/Postage

O Licenses/Permits O Name Badges

O Rent Miscellaneous: O Describe above

O Supplies Newsletter: O Describe above

Gifts: O Describe above Office Supplies: O Describe above

Honorariums: O Mingei Intl Museum Outreach Programs: O Supplies

O Non-profit Bead Prizes: O Del Mar Fair

Organizations O Bead Challenge

Insurance: O Business Liability Web Site: O Constant Contact

Legal/Prof: O Accountant O Domain Name

O Other–describe above O Web Site Hosting

Mail: O P.O. Box Rental Workshops: O Teacher Fees

Check Number:\_\_\_\_\_\_\_\_ Paid Date:\_\_\_\_\_\_