

**SER-AMTA, Inc.**

Southeastern Region of the American Music Therapy Association, Inc.

CHECK REQUEST FORM  
(Reimbursement, Advance Funds, 3<sup>rd</sup> party check)

Part I: Advance Funds Only

Amount Requested: \$ \_\_\_\_\_

Purpose of Advance: \_\_\_\_\_  
(Itemized accounting & receipts must be submitted AFTER expenditure – see Part II)

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Part II: Reimbursement of Personal Funds used OR itemized accounting of Advanced Funds

Purpose of Expenditures	Amount
Describe expense: <u>Travel</u>	\$ _____
<u>Postage</u>	\$ _____
<u>Printing</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

Advanced funds refundable to SER OR Balance due above Advance Expenditures \$ \_\_\_\_\_  
(Complete line above only if itemizing Advanced Funds expenditures)

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Part III: 3<sup>rd</sup> Party Check (to Vendors, Direct Payments not Reimbursed, etc.)

Amount Requested: \$ \_\_\_\_\_

Purpose of Expenditure: \_\_\_\_\_

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Part IV: Committee/Budget Line Amount for Fiscal Year: \$ \_\_\_\_\_

Amount previously spent: \$ \_\_\_\_\_

Total Expenditures requested on this form: \$ \_\_\_\_\_

Remaining Budget Amount \$ \_\_\_\_\_

Make Check out to: \_\_\_\_\_

Address of Payee (if different from below): \_\_\_\_\_

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

SER-AMTA Office/Position: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Use:** Complete 3 copies of this request, filling in the part(s) applicable to your request. Retain 1 copy for your files. Send 2 copies to the President for approval. Attach copies of receipts and/or statements to document expenditures. Please complete Part IV if the request is from a budget line. President must give approval before budgeted amounts can be exceeded.