

SPOKANE NORTH STAKE CHECK REQUEST FORM

Date Requested: _____

Amount Advanced: _____

Reimbursement Amount
(including sales tax): _____

Amount of Sales Tax: _____

Make Check Payable To: _____

Address: _____

City, State, and Zip Code: _____

Approvals: _____

Stake Auxiliary President*

Member of Stake Presidency*

**Your signature indicates that this request is within your approved budget*

**Indicates that the activity is approved.*

PURPOSE _____

BUDGET CATEGORY (Please check):

- ACTIVITIES CULTURAL
- ACTIVITIES PHYSICAL
- ADMIN COPIER
- ADMIN DIRECTORY
- ADMIN POSTAGE
- ADMIN MISC
- FAMILY HISTORY CENTER
- PHYSICAL FACILITIES
- PRIMARY
- PUBLIC AFFAIRS
- RELIEF SOCIETY
- SEMINARY
- SINGLES
- STAKE PRES. ACTIVITIES
- YOUNG MEN
- YOUNG WOMEN

- YOUTH COMBINED
 - ZION'S CAMP
 - MISC. (Please describe:)
- _____

“OTHER” CATEGORIES

- OTHER-BLAZER DAY CAMP
 - OTHER-EFY PROGRAM
 - OTHER-FAMILY HISTORY CENTER
 - OTHER-FUN RUN
 - OTHER-GENEALOGY CONFERENCE
 - OTHER-SCOUTS
 - OTHER-YOUNG WOMEN'S CAMP
 - MISC. (Please describe:)
- _____

Please note:

1. Please attach receipts to this form for reimbursement of expenses.
2. If requesting an advance, you must submit receipts for the total amount of the advance after the activity. Please return the excess funds if the receipts are less than the advance, or please request additional reimbursement if the receipts are greater than the advance.
3. Please submit the request to the Stake Financial Clerk two weeks prior to need.