

**SCREAMIN' EAGLES BAND ASSOCIATION, INC. (SEBA)**



# REQUEST FOR FUNDS



Request For Funds Policy:

The policy is in place to streamline the process of requesting funds from the SCREAMIN' EAGLES BAND ASSOCIATION, INC. (SEBA). When requesting a check for payment or reimbursement, the requestor should provide all requested information. Failing to provide all information may result in a delay.

Please complete the request for funds form completely to ensure timely delivery of check/reimbursement. Attach all supporting documentation (invoice, statement, receipts, etc.) with the expensable items highlighted. If emailing this request form, please submit all supporting documentation as attachments within the email. Please expect this process to take about two weeks. Please submit ORIGINAL receipts.

Person Requesting Funds: \_\_\_\_\_ Requestor Mobile Phone: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Band Group:	Vendor Name:	Item Description:	Amount:
<i>Ex. Marching, Indoor, WGuard</i>	<i>Ex. Amazon.com</i>	<i>Ex. Band Camp Supplies, Audio Cables, Uniforms, etc.</i>	<i>Ex. \$XX.XX</i>

Band Group:	Mileage	Per Mile	Travel Destination (Outside of Gwinnett County Only)	Amount:

Total Requested: \_\_\_\_\_

Make Reibursement Payable To: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

By signing below, you indicate that this is a valid expense for the SCREAMIN' EAGLES BAND ASSOCIATION, INC. (SEBA) and that you have not received compensation for this expense prior to this request.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

SCREAMIN' EAGLESBAND ASSOCIATION, INC. (SEBA) Treasurer Use Only

Authorized by (other than requestor): \_\_\_\_\_ Date: \_\_\_\_\_

Reimbursement Payment Method:      Check      Charms Credit      PayPal      Reference #:

**PLEASE PLACE ALL REQUESTS IN GREEN BOX LOCATED IN BAND ROOM OR EMAIL TO [CHBANDTREASURER@GMAIL.COM](mailto:CHBANDTREASURER@GMAIL.COM)**  
**PLEASE KEEP A COPY OF THIS REQUEST AS WELL AS ALL INVOICES, STATEMENTS & RECEIPTS FOR YOUR RECORDS**