



TEXAS SOCIETY ORDER OF CONFEDERATE ROSE, INC.

REQUEST FOR CHECK/PAYMENT AUTHORIZATION

Please print or type

Check Request		Payable to Requestor		Accounting use Only	
Date:		Name/Title:		Date paid:	
Total Amount:		Address:		Date Mailed:	
		City:		Check Number:	
		State:		Accounting code:	
		Zip:		(Chart of Accounts, expenses)	
		Requestor Signature:		Treasurer Signature:	

Receipts Must be Attached

Note: If multiple items are to be reimbursed, please group all similar purpose items on same sheet. Create a new sheet for other purchases with other purposes.

Date of Purchase:	Item Description & Purpose	Prior Purchase approval Vehicle*	Qty	Unit	Unit Cost	Amount**

*Approval vehicle: Minute of meetings; director's request (email attached); Bylaws; Standing rules

** TSO CR, a 501C3 corporation is exempt from paying sales tax. Please give the vendor a **Sales and Use Tax Exemption Certification form** so they don't charge sales tax.

Director Approval Signature:		Date:	
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Keep a copy of your receipts and this form for your records.

Submit completed form and documentation to TSO CR Director for approval