

**Museum of Arts and Sciences  
GUILD**

**Check Requisition**

**PAYABLE TO**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Requested By: \_\_\_\_\_  
 \_\_\_\_\_ Your Name  
 \_\_\_\_\_ Chair Approval: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Committee or Treasurer

**MAILING INSTRUCTIONS**

Mail To Payee?: \_\_\_\_\_ Send Other: \_\_\_\_\_  
 \_\_\_\_\_

**BILLING CATEGORY** (Check one first, then add detail explanation below)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Halifax Art Festival | <input type="checkbox"/> Musings          | <input type="checkbox"/> Museum Pledge      |
| <input type="checkbox"/> Hospitality          | <input type="checkbox"/> Artful Interlude | <input type="checkbox"/> Festival of Lights |
| <input type="checkbox"/> General Operating    | <input type="checkbox"/> Membership       | <input type="checkbox"/> Other: _____       |

**DETAIL**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Paid Advertising      | <input type="checkbox"/> Food/Catering  | <input type="checkbox"/> Supplies                |
| <input type="checkbox"/> Signage/Banners, etc. | <input type="checkbox"/> Entertainment  | <input type="checkbox"/> Postage                 |
| <input type="checkbox"/> Professional Fees     | <input type="checkbox"/> Printing Costs | <input type="checkbox"/> Facilities Fees/Permits |

QUANTITY	DESCRIPTION	AMOUNT
<b>TOTAL AMOUNT</b>		<b>\$</b>

Approved by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Guild Treasurer Guild President  
 Date \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Museum Representative  
 Date \_\_\_\_\_

Note: All check requisitions must be accompanied by  
 paid invoice or paid receipt. 02/05/09