

**The Society for Creative Anachronism, Inc.**  
**CASH VOUCHER / REIMBURSEMENT REQUEST FORM**

**Branch:** Barony of Loch Salann

Requestor's Name:

Street Address:

City:

Telephone: Home

SCA Name:

Event or Purpose:

State:

Zipcode

Work

( )

	EXPENSES	Office & Administration	Event Related	Fundraising	TOTAL
1	Advertising				
2	Equipment Rental & Maintenance				
3	Fees & Honoraria				
4	Food				
5	General Supplies				
6	Insurance (NON-SCA)				
7	Occupancy & Site Charges				
8	Postage & Shipping, PO Box Rental				
9	Printing & Publications				
10	Telephone				
11	Travel (Gas, Tolls, Airfare)				
12	Other Expenses (itemize on back)				
13	<b>TOTAL EXPENSES (Lines 1 to 12)</b>				

Item Type: O&A ER or FR	<b>FEES, Honoraria, and OTHER EXPENSES:</b> Paid To	Reason	Amount
Item Type	Fees, Honoraria, and OTHER Expenses: Paid To	Reason	Amount
<b>TOTAL</b>			

Attach all receipts to this form. Circle the amount to be paid on each receipt.

Payments may be withheld until proper receipts are submitted.

Approved By:		Date :	
Approved By:		Date:	
Approved By:		Date:	

FOR THE EXCHEQUER'S USE ONLY:

Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Dated: \_\_\_\_\_