

THE SOCIETY FOR CREATIVE ANACHRONISM, INC.

**CASH VOUCHER/REIMBURSEMENT REQUEST FORM**

Branch: **BARONY OF CALAFIA** Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ SCA Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Purpose of Reimbursement: (i.e. Supplies for XXX Event): \_\_\_\_\_

Designated Fund: \_\_\_\_\_ Approved By: \_\_\_\_\_

Approved Expense by vote of members on:

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	EXPENSES	Office/Admin	Event Related	Fundraising	TOTAL
1	Advertising				
2	Equipment Rental & Maint.				
3	Fees & Honoraria				
4	Food				
5	General Supplies				
6	Insurance (Non-SCA)				
7	Occupancy & Site Charges				
8	Postage, Shipping, Box Rent				
9	Printing & Publications				
10	Telephone				
11	Travel(Gas, Tolls, Airfare)				
12	Other Exp. (Itemize on back)				
	<b>TOTAL EXPENSES(Lines 1-12)</b>				

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. Payment may be withheld until proper receipts are submitted.

Approved by: 1) \_\_\_\_\_ 2.) \_\_\_\_\_

Signatures: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Approved: \_\_\_\_\_