

THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
CASH VOUCHER / REIMBURSEMENT REQUEST

CASH VOUCHER / REIMBURSEMENT REQUEST FORM



Branch: Darach Shire, SCA Inc.

Requestor's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Text OK? Yes / No Email: _____

SCA Name: _____

| | 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 | TOTAL EXPENSES (Lines 1 to 12) | | | | |

**Attach all receipts to this form. Circle the amount to be paid on each receipt.
 Payments may be withheld until proper receipts are submitted.**

FOR THE EXCHEQUER'S USE ONLY

| Item Type: O&A ER or FR | FEES, Honoraria, and OTHER EXPENSES: Paid To | Reason | Amount |
|----------------------------------|---|--------|--------|
| | | | |
| | | | |
| TOTAL | | | |

Approved By: _____ Approved on Date: _____

Date Received: _____ Check Number: _____ Amount: _____ Dated: _____