

**THE SOCIETY OF CREATIVE ANACHRONISM, INC
KINGDOM OF ATENVELDT
REIMBURSEMENT FORM**

Branch: _____
 Requestor Name: _____
 Street Address: _____
 Address: _____

City: _____ State/Province: _____ Zip: _____

Telephone: _____ Home: _____ Work: _____

SCA Name: _____

EXPENSES	Offices & Admin	Event Related	Fund Raising		TOTAL
1 Advertising					
2 Equipment Rental & Maintenance					
3 Fees & Honoria (explain below)					
4 Food					
5 General Supplies					
6 Insurance (NON-SCA)					
7 Occupancy & Site Charges					
8 Postage, Shipping, PO Box Fees					
9 Printing & Publication					
10 Telephone					
11 Travel (Gas, tolls, airfare.)					
12 Other Expenses (itemize on back)					
13 TOTAL EXPENSES (LINES 1 TO 12)					
Amount owed Requestor					
O&A, ER, FR	FEES, Honoraria, and Other Expenses: Paid to:		Reason		Actual Amount
TOTAL					

Use this form when purchases were out of your pocket, no cash advance.

Attach receipts to this form or tape to 8 1/2 x 11 paper and scan. Receipts may be scanned and emailed, along with this form, to the Exchequer. Circle the amount to be paid on each receipt. Payments may be withheld until proper receipts are submitted. Receipts must be legible.

Approved by: _____ Date: _____

FOR THE EXCHEQUER'S USE ONLY

Date Rcvd: _____ CK No.: _____ AMT: _____ Date Reconciled: _____