

THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
REIMBURSEMENT REQUEST

Branch: _____

Requestor's Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Telephone Number: Home: _____ Work: _____

SCA Name: _____

	Expenses	Office & Administration	Event-Related	Fund Raising	TOTAL
1	Advertising				0.00
2	Equipment Rental & Maintenance				0.00
3	Fees & Honoraria				0.00
4	Food				0.00
5	General Supplies				0.00
6	Insurance (Non-SCA)				0.00
7	Occupancy & Site Charges				0.00
8	Postage & Shipping, PO Box Rental				0.00
9	Printing & Publications				0.00
10	Telephone				0.00
11	Travel (Gas, Tolls, Airfare)				0.00
12	Other Expenses				0.00
13	<i>Subtotal</i>	\$0.00	\$0.00	\$0.00	\$ -
14	Inventory Expenses				
15	TOTAL EXPENSES	Line 13 <i>Subtotal</i> + Line 14)			\$ -

Item Type: O&A ER or FR	Fees, Honoraria and OTHER EXPENSES: Paid to	Reason:	Amount
TOTAL			\$ -

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

Approved by: _____ Exchequer: _____ Date: _____

FOR THE EXCHEQUER'S USE ONLY

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