

THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
REIMBURSEMENT REQUEST

Branch: Barony of Dragon's Lair Event: _____

Requestor's Name: _____

SCA Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Telephone Number: _____ Home: _____ Work: _____

Email address: _____

	Expenses	Office & Administration	Event-Related	Fund Raising	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	Feast Refund				
13	<i>Subtotal</i>				
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:

Seneschal or Autocrat: _____ Exchequer: _____ Date: _____

FOR THE EXCHEQUER'S USE ONLY

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