

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

CASH VOUCHER / REIMBURSEMENT REQUEST FORM

Branch: _____

Requestor's Name: _____

Street Address: _____

City: _____ **State or Province:** _____ **Zip or Postal Code:** _____

Telephone: Home () **Work:** ()

SCA Name: _____

Err or! Book mar k not defin ed.	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)				

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

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

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

FOR THE EXCHEQUER'S USE ONLY