

**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: _____

Error! Book mark 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