

THE SOCIETY OF CREATIVE ANACHRONISM, INC

CASH ADVANCE REQUEST & RECONCILIATION FORM

Branch: _____

Requestor Name: _____

Name: _____

Street Address: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Telephone: _____ Home: _____ Work: _____

SCA Name: _____

| EXPENSES | | Offices & Admin | Event Related | Fund Raising | ESTIMATED TOTAL | ACTUAL TOTAL |
|-------------|---|-----------------|---------------|--------------|-------------------------------|---------------|
| 1 | Advertising | | | | | |
| 2 | Equipment Rental & Maintenance | | | | | |
| 3 | Fees & Honoraria (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) | | | | | |
| 14 | Cash Advance | | | | | |
| 15 | Amount Owed SCA / (Amount owed Requestor) | | | | SUBTRACT 14 FROM 13 FOR TOTAL | |
| | | | | | | |
| O&A, ER, FR | FEES, Honoraria, and Other Expenses: Paid to: | | Reason | | | Actual Amount |
| | | | | | | |
| | | | | | | TOTAL |

Cash advances must be reconciled and/or returned to the exchequer within 30 days after the event is held.

Attach cost estimation documentation to this form. When reconciling to receipts, attach receipts to this form or tape to 8 1/2 x 11 piece of paper and scan. 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: _____