



The Society For Creative Anachronism, Inc.

Kingdom Of Drachenwald

Request For Financial Re-Imbursement

Branch / Position:				
Requestor's Name:				
Requestor's Address				
Requestor's Telephone:	Home		Work	
Requestor's Email				
SCA Name:				

Expense Request – Please attach all receipts

	Expenses	Office & Admin	Event Related	Fundraising	Total
1	Advertising				
2	Equipment rental & Maintenance				
3	Fees & Honoria				
4	Food				
5	General Supplies				
6	Insurance (Non-SCA)				
7	Occupancy and Site Charges				
8	Postage & Shipping, PO Box rental				
9	Printing & Publications				
10	Telephone				
11	Travel (Petrol, Tolls, airfares)				
12	Other Expenses (itemize below)				
13	Total Expenses (sum of 1-12)				

Reason for Expense:

Signature of Requestor:		Date	
Approved by:		Date	

Date Received		Date Paid		Cheque No		Amount	
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