

SCA, Inc - Kingdom of Æthelmearc

Cash Advance Request Form

Date: _____

Requestor: _____

Address: _____

Position _____

Purpose: _____

Amount: _____

Requestor's Signiture: _____

Authorized by: _____

Check # _____ Date: _____

Expensed To: (Complete after purchase)

Advertising	_____	Occupancy & Site Charges	_____
Equipment Rental & Maintenance	_____	Posting and Shipping	_____
Fees & Honoraria	_____	Printing and Publications	_____
Food	_____	Telephone Expenses	_____
General Supplies	_____	Travel (Gas, Tolls, Air)	_____
Insurance (Non-SCA)	_____	Other: (explain below)	_____
Transferred to Another SCA account:	_____		
(explain below)			

Total:

Less Cash Advance _____

Amount due Requestor _____

Amount due Kingdom _____

Ck # _____ Date: _____

Ck # _____ Date: _____

Explanations of Other/Transfers: _____
