

SCA, Inc - Kingdom of Æthelmearc Reimbursement Request Form

Date: _____

Requestor: _____

Address: _____

Position: _____

Purpose: _____

Pre-approved on: _____

Requestor's Signature: _____

Expensed To:

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) _____ Amount due Requestor _____

Explanations of Other/Transfers: _____

Authorized by: _____

Check # _____ Date: _____