

SCA-NY, Inc - Barony of Thescorre

Cash Advance Request Form

Date:

Requestor:

Address:

Position:

Purpose:

Amount:

Requestor's Signature:

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 Barony

Ck #

Date:

Ck #

Date:

Explanations of Other/Transfers:

