

SCA-NY, Inc - Barony of Thescorre
Reimbursement Request Form

Date:

Requestor:

Address:

Position:

Purpose:

Pre-approved on:

Requestor's Signature:

Expensed To:

Advertising	___	Occupancy & Site Charges	___
Equipment Rental & Maintenance	___	Postage 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: