Revised - 7/96

THE SOCIETY FOR CREATIVE ANACHRONISM, INC.
CASH ADVANCE REQUEST FORM

Branch:_____

CASH ADVANCE REQUEST FORM

Branch:_____

Requestor's Name:

Street Address:

City: **State or Province:** **Zip or Postal Code:**

Telephone: **Home ( )** **Work: ( )**

SCA Name:

	EXPENSES	Offices & Admin	Event Related	Fund Raising	ESTIMATED TOTAL	ACTUAL TOTAL
1	**Advertising**					
2	**Equipment Rental & Maintenance**					
3	**Fees & Honoraria**					
4	**Food**					
5	**General Supplies**					
6	**Insurance (NON-SCA)**					
7	**Occupancy & Site Charges**					
8	**Postage & Shipping, PO Box Fees**					
9	**Printing & Publications**					
10	**Telephone**					
11	**Travel (Gas, Tolls, Airfare)**					
12	**Other Expenses** (itemize on back)					
13	***TOTAL EXPENSES*** **(Lines 1 to 12)**					
14	**RECONCILIATION: AMOUNT STILL OUT AFTER RECEIPTS**				13 Estimated - 13 Actual	
15	Cash Returned					
16	Amount Owed SCA / (Amount Owed Submitter)				14 - 15	

O&A ER,FR	***FEES, Honoraria, and OTHER EXPENSES:*** Paid To	Reason	Actual Amount
		TOTAL	

Attach cost estimation documentation to this form. When being reconciled, attach receipts to this form. Circle the amount to be paid on each receipt. Payments may be withheld until proper receipts are submitted.

Approved By: _____ Date: _____

FOR THE EXCHEQUER'S USE ONLY

Date Received: _____ Check Number: _____ Amount: _____ Date Reconciled: _____