

## **CASH ADVANCE REQUEST FORM AND CASH VOUCHER / REQUEST FOR REIMBURSEMENT REQUEST FORM INSTRUCTIONS**

*This form should be distributed with each blank Cash Advance Request Form and Cash Voucher / Request for Reimbursement form.*

Fill out the name, address, phone numbers and SCA name of the person requesting the cash advance or reimbursement. This is to whom the check will be made.

For an advance, estimate the expenses by category. When recording expenses, there is a distinction between Offices and Administration, Event-Related and Fundraising for the lines 1 through 12.

For a reimbursement, sort the receipts by expense category as described below. When recording expenses, there is a distinction between Offices and Administration, Event-Related and Fundraising for the lines 1 through 12.

Offices and Administration (O&A) expenses are those incurred in running the organization or publishing a newsletter. All officer expenses are listed here.

Event-Related expenses are all expenses directly related to the running of an event, such as site rental, flyers, food, and prizes. All Royalty expenses are listed here.

Fundraising activities are those that are designed specifically to raise money from the general public. If an event revolves solely around the fund-raising activity, the expenses for the event are reported under Fundraising. If the fund-raising activity is only a part of an event's activities, the expenses for the event are considered Event-Related.

Enter the amount of each expense under the proper column, and then add across to fill the Total column.

### **1. Advertising**

Enter the amount paid for advertising in newspapers or Kingdom Newsletters not paid with a transfer.

### **2. Equipment Rental & Maintenance**

Enter the amount paid for rental of equipment or maintenance and repair of the branch's equipment.

### **3. Fees & Honoraria**

Enter the amount paid to a speaker or teacher at an event. Itemize them in the box at the bottom of the form.

### **4. Food**

Enter the amount paid for food for an event or as Royalty during a trip to an event (Event-Related), or food eaten during a trip to an event that required your presence (O&A).

### **5. General Supplies**

Enter the amount paid for stationery, first aid kits, list ropes, books, prizes, office supplies, etc.

### **6. Insurance (NON-SCA)**

Enter the amount paid to an insurance company for additional coverage.

### **13. TOTAL**

Calculate the total of each line for each column. Add each line across to get the Total column. This line's total across must equal the sum of the Total column.

Get the approval signatures and submit to the Exchequer for processing.

### **7. Occupancy and Site Charges**

Enter the amount of site rental fees (Event-Related), hotel rooms for officers at events requiring their presence (O&A), or meeting rooms (O&A).

### **8. Postage & Shipping, PO Box Rental**

Enter the amount paid for postage. PO Box Rental is listed under O&A.

### **9. Printing & Publications**

Enter the amount paid for printing services.

### **10. Telephone**

Enter the amount paid for telephone calls as itemized on a phone bill.

### **11. Travel**

Enter the amount paid for gas, tolls, airfare, car rental receipts, etc. Tickets and repair costs are not reimbursable.

### **12. Other Expenses**

Enter the amount of any other expenses that do not fit in the above categories. Itemize them on the back of this form.



**THE SOCIETY FOR CREATIVE ANACHRONISM, INC.  
CASH VOUCHER / REIMBURSEMENT REQUEST**

**CASH VOUCHER / REIMBURSEMENT REQUEST FORM**

**Branch:** \_\_\_\_\_

**Requestor's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Telephone: Home (        )** \_\_\_\_\_ **Work: (        )** \_\_\_\_\_

**SCA Name:** \_\_\_\_\_

Erro r! Book mar k not defin ed.	EXPENSES	Office & Administration	Event Related	Fundraising	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 Rental				
9	Printing & Publications				
10	Telephone				
11	Travel (Gas, Tolls, Airfare)				
12	Other Expenses (itemize on back)				
13	<b>TOTAL EXPENSES (Lines 1 to 12)</b>				

Item Type: O&A ER or FR	<i>FEES, Honoraria, and OTHER EXPENSES:</i> Paid To	Reason	Amount
<b>TOTAL</b>			

**Attach all 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: \_\_\_\_\_

Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Dated: \_\_\_\_\_

**FOR THE EXCHEQUER'S USE ONLY**