**INSTRUCTIONS**

Fill out the name or business name, address, phone number(s) and SCA name (if applicable) of the person requesting the cash advance, payment request, or reimbursement request. For an advance, estimate the expenses by category as there is a distinction between Office and Administration, Activity Related and Fundraising:

* **Office and Administration (O&A)** - Expenses incurred in running the organization or publishing a newsletter. All officer expenses are listed here.
* **Activity Related (AR)** - Expenses directly related to the running of an event, such as site rental, flyers, and food. All Landed Nobility expenses are listed here.
* **Fundraising (FR)** - Expenses 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. Expense types are as follows:

* **Advertising -** Enter the amount paid for advertising in newspapers or Kingdom Newsletters not paid with a transfer.
* **Equipment Rental & Maintenance -** Enter the amount paid for rental of equipment or maintenance and repair of the branch’s equipment.
* **Fees & Honoraria -** Web service fees, trailer registration fees, shopping club membership fees, etc. Enter the amount paid to an individual speaker or teacher at an event. Itemize them in the box at the bottom of the form.
* **Food -** Enter the amount paid for food for an event or as Landed Nobility during a trip to an event (Activity Related), or food eaten during a trip to an event that required your presence (O&A).
* **General Supplies -** Enter the amount paid for stationery, first aid kits, list ropes, books, prizes, office supplies, etc.
* **Insurance (NON-SCA) -** Enter the amount paid to an insurance company for additional coverage.
* **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).
* **Postage & Shipping, PO Box Rental -** Enter the amount paid for postage. PO Box Rental is listed under O&A.
* **Printing & Publications -** Enter the amount paid for printing services.
* **Telephone -** Enter the amount paid for telephone calls as itemized on a phone bill.
* **Travel -** Enter the amount paid for gas, tolls, airfare, car rental receipts, etc. Tickets and repair costs are not reimbursable.
* **Other Expenses -** Enter the amount of any other expenses that do not fit in the above categories. At the bottom of the form, enter the reason for using this category. Please discuss with Exchequer before using this expense type.
* **Gate Seed Funds** – Cash advance for gate seed funds for change at events. Enter the amount in the “Activity Related” column.
* **Fund Transfer Within/Outside Kingdom** – Funds collected by the Barony and transferred within Kingdom for Kingdom fundraisers, Non-Member Registrations, Kingdom event profit-sharing, SCA Insurance (Outside Kingdom), or other Kingdom/SCA obligations.

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 down.

Submit to the Exchequer for processing.

**PAYMENT REQUEST / REIMBURSEMENT REQUEST FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITY:** |  | | | | | | | | |
|  | | | | | | | | | |
| **🞏 PAYMENT REQUEST** | | | **🞏 REIMBURSEMENT REQUEST** | | | | | | |
|  | | | | | | | | | |
| **PAYMENT INFORMATION:** | | | | | | | | | |
|  | | | | | | | | | |
| **Payee Name:** |  | | | |  | | | | |
|  | **Payee Name/Business Name** | | | |  | | | | |
|  | | | | | | | | | |
| **Address:** |  | | | | | | | | |
|  | | | | | | | | | |
| **City:** |  | **State:** | |  | | | **Zip Code:** |  |  |
|  | | | | | | | | | |
| **Phone:** |  | | | **Cell Phone:** | | |  | | |
|  | | | | | | | | | |
| **Email Address:** |  | | |  | | | | | |
|  | | | | | | | | | |
| **Requestor:** |  | | |  | |  | | | |
|  | **Printed Name (If not Payee)** | | |  | | **Signature** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXPENSES** | **Office & Administration** | **Activity Related** | **Fundraising** | **LINE**  **TOTALS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ***TOTAL REQUEST:*** |  |  |  |  |
| **Honoraria and Other Expense Reason:** | | | | |
|  | | | | |

***Attach all receipts, invoices, or payment documentation to this form. If items on the receipts include personal purchases, circle the individual amounts that were utilized for the Barony and total by each expense type. Payments may be withheld until proper payment documentation is submitted.***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Approved By:** |  | | |  | | | **Date:** |  | | | |
|  | **Printed Name** | | | **Signature** | | |  |  | |  | |
| ***\*Approval signature may be obtained from any financial committee member. Approval signatures are not allowed for payments to yourself or payments to someone at your physical address.*** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **FOR EXCHEQUER’S USE ONLY** | | | | | | | | | | | |
| **Date Received:** |  | **Check Number:** |  | | **Check Amount:** |  | | | **Check Date:** | |  |