



**SCA, Inc. / Barony of South Downs**  
**Check Request**

- Non Event (Office & Admin)
- Event (Activity Related)
- Fundraising

DATE REQUESTED: \_\_\_/\_\_\_/\_\_\_

PAYABLE TO: \_\_\_\_\_ SCA Name: \_\_\_\_\_  
(Mundane name)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Mobile ( ) \_\_\_\_\_ Email \_\_\_\_\_

DESCRIPTION OF EXPENDITURES: \_\_\_\_\_

	EXPENSES	Office/Admin	Event Related	Fundraising
1	Advertising			
2	Equipment Rental & Maint.			
3	Fees & Honoraria			
4	Food			
5	General Supplies			
6	Insurance (Non-SCA)			
7	Occupancy & Site Charges			
8	Postage, Shipping, Box Rent			
9	Printing & Publications			
10	Telephone			
11	Travel (Gas, Tolls, Airfare)			
12	Other Exp. (Itemize on back)			
	<b>TOTAL EXPENSE (Lines 1-12)</b>	\$ _____	\$ _____	\$ _____

*Please attach all receipts to the back of this check request.*

SUB-TOTALS: Event Related: \$ \_\_\_\_\_

Non-Event Related: \$ \_\_\_\_\_

TOTAL AMOUNT: \$ \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
(Mundane signature) date

AUTOCRAT APPROVAL: \_\_\_\_\_  
date  
 (event related expenses must be approved by the Autocrat before seeking Seneschal approval)

SENESCHAL APPROVAL: \_\_\_\_\_  
date

EXCHEQUER APPROVAL: \_\_\_\_\_  
date

Check Number: \_\_\_\_\_

Date of Check: \_\_\_\_\_

*Fully documented receipts must be provided to support all expenses. This rule applies to anyone expecting reimbursement. No personal expenses may be on any receipt. REV 01/06/2022*