

**BARONY OF UNSER HAFEN ~ OFFICE OF THE EXCHEQUER
CASH VOUCHER / REIMBURSEMENT REQUEST FORM**

Email: exchequer@unserhafen.org

REQUESTER INFORMATION

Legal Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code** _____

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

E-mail address (required if available): _____

SCA Name: _____

	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	TOTAL EXPENSES (Lines 1 to 12)				
Type: O&A, AR or FR	<i>FEES, Honoraria, and OTHER EXPENSES:</i> Paid To	Reason			Amount
TOTAL					

CHECK MADE OUT TO: _____

Attach all receipts to this form. Circle the amount to be paid on each receipt. Payments may be withheld until proper receipts are submitted.

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FOR THE EXCHEQUER'S USE ONLY

Approved By: _____ Date: _____

Date Received: _____ Check Number _____ Amount _____ Dated _____