

Kingdom of the Outlands • Office of the Exchequer

email: exchequer@outlands.org • http://www.outlands.org

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.

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.

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.



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CASH ADVANCE REQUEST FORM

Bran	ch:							
Legal	Name:							
Street	t Address:							
City:		State:			Zip Code			
Telephone: Home ()		Cell ()		Work: ()			
E-mai	il address (required if available):							
SCA N	Name:							
	EXPENSES	Office & 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				1			
10	Telephone				1			
11	Travel (Gas, Tolls, Airfare)							
12	Other Expenses (itemize on back)							
13	TOTAL EXPENSES (Lines 1 to 12	2)						
14	RECONCILIATION: AMOUNT STILL OUT AFTER RECEIPTS 13 Estimated							
					- 13 Actua			
15	Cash Returned							
16	Amount Owed SCA / (Amount Owed S	Submitter)			14 - 15	5		
O&A AR, 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 T	THE EXCHEQUER'S USE ONLY	A		Б.	D 11			
Date ⊦	Received: Check Number	: Amo	unt:	Dat	e Reconciled:			



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CASH VOUCHER / REIMBURSEMENT REQUEST FORM

Bran	nch:				
REQU	UESTER INFORMATION				
Legal	Name:				
Stree	t Address:				
City:		State:		Zip Code	
Telep	ohone: Home ()	Cell ()		Work: ()
E-ma	il address (required if available):				
SCA N	Name:				
	EXPENSES	Office & Administration		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 1	2)			
Type O&A AR or FR	e: OTHER EXPENSES:	Reason			Amount
				TOTA	AL
Attac	h all receipts to this form. Circle th	e amount to be	paid on each r	eceipt. Paymer	nts may be withheld until
prope	er receipts are submitted. oved By:				
Date l	Received: Check Numb	er	Amoun	t	Dated

FOR THE EXCHEQUER'S USE ONLY