

Barony of Caerthe

Request for Funds

Please Print Clearly

Date: _____
Requested by (SCA name): _____
Legal Name: _____
Phone Number: (_____) _____ - _____
Pay to the Order of: _____
Amount Requested: \$ _____
Event Name and Date
(if applicable): _____

**PLEASE ATTACH ALL RELEVANT RECEIPTS TO THE BACK OF THE
FORM AND RETURN TO THE EXCHEQUER.**

Purpose: _____

I understand that I am required to submit receipts to document any advance or reimbursement, and that all advanced funds not accounted for by receipts must be returned to the Exchequer.

Requestor Signature (Legal Name) _____ Date _____

_____ Request for funds is granted.
Check Number: _____ Date Issued: _____ Amount: \$ _____
Funds to be allocated from: _____

_____ Request for funds is denied.
Explanation: _____

1st Authorized Signature _____ Date _____ 2nd Authorized Signature _____ Date _____

****NOT NEGOTIABLE****NOT NEGOTIABLE****NOT NEGOTIABLE****NOT NEGOTIABLE****

Total Spent: \$ _____ Attached Receipts: \$ _____ Returned to Exchequer: \$ _____ Date: _____