

THE SOCIETY FOR CREATIVE ANACHRONISM, INC
ROYALTY REIMBURSEMENT FORM
KINGDOM OF AETHELMEARC

Requestor's Name: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: Home: () _____ Work: () _____

SCA Name: _____

EXPENSES	In Kingdom	Out of Kingdom	Total
Airfare			
Equipment Rental			
Favors/Tokens			
Food (no alcohol)			
Gas			
Hotel			
Postage			
Site Fees (itemize below)			
Telephone			
Tolls			
Other (itemize below)			
Total Expenses			

Out of Kingdom Expenses		
Event	Kingdom	Total

Site Fees			
Paid to	Event	Kingdom	Amount

Other Expenses		
Paid to	Reason	Amount

Requestor's Signature: _____ Date: _____

PLEASE ATTACH RECEIPTS TO THIS REPORT

For the Exchequer's Use Only	Budget amount left		
	In Kingdom	Out Kingdom	Total
Check # _____ Date: _____			