

**The Society for Creative Anachronism, Inc.  
Expense Reimbursement Request Form**

**Collegium Caidis**

SCA Name: \_\_\_\_\_

Course(s) Title: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

e-mail Address: \_\_\_\_\_

**REQUESTS FOR REIMBURSEMENT OF CLASS RELATED EXPENSES MUST BE RECEIVED WITHIN 30 DAYS OF THE COLLEGIUM CAIDIS SESSION AT WHICH THE CLASS WAS TAUGHT.**

Enclose all receipts. No expenditures will be reimbursed without receipts.

Mail reimbursement forms to: Baron Hrorek Halfdane of Faulconwood  
c/o Robert MacHott  
(email [exchequer@CollegiumCaidis.org](mailto:exchequer@CollegiumCaidis.org) for mailing address.)

**Record expenses in the appropriate boxes below and total (across and down).**

	EXPENSES	Office & Administration	Event Related (Class expenses)	Total
1	Equipment Rental & Maintenance			
2	Food			
3	General Supplies & Class Supplies			
4	Occupancy & Site Charges			
5	Postage & Shipping			
6	Printing & Publication			
7	Other (specify)			
8	Other (specify)			
		<b>Total Expenses</b>		
		<b>Less: Donation to Collegium Caidis</b>		
		<b>Amount to be Reimbursed</b>		

I hereby request reimbursement for the above detailed expenses and have attached the necessary receipts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR THE EXCHEQUER'S USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Dated Paid: \_\_\_\_\_