

The Society for Creative Anachronism (NZ) Inc.
Barony of Southron Gaard
Cash Request Form



Requested By (legal name): _____ Date: _____

SCA Name: _____ Phone: _____

Email Address: _____

Address: _____

Event (if applicable): _____

Purpose: _____

Amount: \$ _____ Expected date of Expenditure: _____

Approved by Steward: _____ (Signature or other confirmation attached)

Method (tick one and provide details):

- ☐ Cash Cheque
- ☐ Account Cheque. Payee Account Name: _____
- ☐ Account Transfer. Payee Account Name: _____

Payee Account Number: ____ - ____ - ____ - ____

I accept that cash advanced to me (the requestor) belongs to the Barony of Southron Gaard (the Barony), and shall be returned to the Barony (in part or in full) in the event that it is not used for the purpose stated above. I acknowledge that all expenditure of the cash advanced must be evidenced by a tax invoice from the vendor.

All remaining cash and tax invoices must be returned to the Barony within 30 days of the event, or 60 days of this request (for non-event expenditure) unless otherwise agreed with the Exchequer.

Signed: _____ Date: _____

Name (Printed): _____

Accepted by: _____ (Seneschal's signature)