BARONY OF OLDENFELD   CHECK REQUEST

Date:_____

Please Issue Check To (Mundane Name): _____

Address: _____

_____

What is check for? _____

Requested By - Mundane Name?_____

SCA Name? _____

TOTAL CHECK AMOUNT

$ _____

RECEIPT DATE	PURCHASE DESCRIPTION	EXPENSES CATEGORY					TOTAL
		POSTAGE	PRINTING	SUPPLIES	FOOD	OTHER	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
TOTAL AMOUNT:		_____	_____	_____	_____	_____	_____

NON-RECEIPT ITEMS:

ITEM	AMOUNT
FOOD	_____
AUTOCRAT	_____
SITE FEES	_____
CHANGE BANK	_____

TOTAL AMOUNT: _____

Refund of Site Fees: Please explain below and attach documentation. Exchequer will determine amount of refund due._____

_____
_____
_____
_____

REQUIRED

Seneschal Signature _____   Date:____/____/____

Mundane Name:_____

SCA Name: _____

Exchequer Signature _____   Date:____/____/____

Mundane Name:_____

SCA Name: _____

OVER $100

Baron Signature _____   Date:____/____/____

Mundane Name:_____

SCA Name: _____

— OR —

Baroness Signature _____   Date:____/____/____

Mundane Name:_____

SCA Name: _____

EXCHEQUER USE ONLY

Check Number:_____

Date Paid:_____

Amount:_____

○ Mngmt/General
○ Program Services
○ Fundraiser

★ ★ ★ ATTACH RECEIPTS TO THIS REQUEST ★ ★ ★
(Receipts over 6 months old will not be reimbursed)

Comments: _____

_____

rev 02.06.2008