Shire of Hartshorn-dale

Exchequer Advance/Reimbursement

Legal Name: _____ SCA Name: _____

Phone No.: _____

Amount of Advance: _____ (Put $0 if this is just a reimbursement request)

For: (event name or description)

Approval of Autocrat if for an event: _____ (signature or verbal)

Return of Advance or Request for (Further) Reimbursement: Attach receipts and list

Brief Description (i.e. food, cleaning, postage... No, you don't have to list each item purchased!)	Amount Used	Balance
Opening Balance/amount of advance		
Total amount used		
Amount due to _____		

This is page No. _____