Barony of Fontaine dans Sable

Cash Advance Reconciliation Form

|  |
| --- |
| Legal Name: |
| Street Address: |
| City: | State: | Zip code: |
| Telephone: ( ) |
| E-mail address: |
| SCA Name: | Branch: |

**Request:**

|  |
| --- |
| Reason for cash advance (what will funds be used for): |
|  |
|  |

|  |  |
| --- | --- |
| Budgeted Amount: | $ |
| Requested Amount: | $ |
|  |  |
| Approved by: | Date: |

**Reconciliation:**

|  |  |
| --- | --- |
| Advance Amount: | $ |
| Actual Amount\*: | $ |
| Difference: | $ |
| Amount owed SCA/Amount owed submitter: | $ |
|  |  |  |
| Approved by: |  | Date |

\*When being reconciled, attach receipts to this form. Circle the amount to be paid on each receipt.