



## CALONTIR NON-MEMBER SURCHARGE SUBMISSION FORM With FUND TRANSFER FORM

**Branch:**

Quarter:

Year:

Calontir Fiscal Policy (FP) 204 Within two weeks of the event, Treasurers will report the number of nonmembers having attended their events and forward the appropriate funds and documentation to the Kingdom Treasurer or designated representative.

Event Date	Event Name	# Attendees	# Non-Members	\$ Paid
<b>TOTALS:</b>		0	0	0

Make checks payable to: SCA Inc., Kingdom of Calontir

Check #                      Date                      Check Amount \$

SCA Name:

Sender's Name:

Street Address:

City:

State:

Zip Code:

Telephone: Home (     )     Work: (     )

Sender's Email (required if available)

cc: Exchequer's File

<p>For Kingdom Use</p>   <p>Date Received _____</p>
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