



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
TOTALS:		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)

Mail to: Kathy Jennings
2920 Stephanos Dr
Lincoln, NE 68916

cc: Exchequer's File

For Kingdom Use

Date Received _____