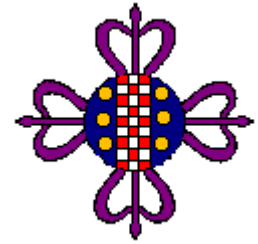


Kingdom of Calontir

Check Tracking Form



SCA Name: _____

Legal Name: _____

Address: _____

Payee (if different than above): _____

Purpose of Reimbursement: _____

EXPENSES		Office & Admin.	Activity Related	Fund Raising	Total
12	Advertising (NON-SCA)				\$
13	Bad Debts				\$
14	Bank Service Charges				\$
15	Depreciation				\$
16	Equipment Rental & Maintenance				\$
17	Fees & Honoraria				\$
18	Food				\$
19	General Supplies				\$
20	Insurance (NON-SCA)				\$
21	Occupancy & Site Charges				\$
22	Postage & Shipping, PO Box Rental				\$
23	Printing & Publications				\$
24	Released Equipment				\$
25	Telephone				\$
26	Travel (Gas, Tolls, Airfare)				\$
27	Sub-Total	\$	\$	\$	\$
28	Other Expenses				\$
29	Donations to Other 501(c)(3) [Nonprofit] Organizations				\$
31	Total Expenses				\$

Authorized by: Standard Budget Finance Committee Date: _____

Date: _____ Check Number: _____ Amount : \$ _____