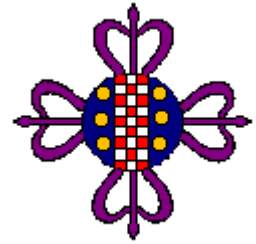


Kingdom of Calontir

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 : \$ _____