



Kingdom of the Outlands • Office of the Exchequer

email: exchequer@outlands.org • <http://www.outlands.org>



STAG'S CON MILEAGE REIMBURSEMENT FORM

Instructions: Fill out this form clearly and completely. Attach receipts in scanned (if emailing the form) or printed form. 1. Complete this form and return to the Purser by email:

Kathryn_michel@msn.com or by mail to: **Baroness Brianna Chevreuril, mka Kathryn Michel, 1619 Prairie Song Place, Longmont, CO 80501** when travel is completed.

2. To qualify for reimbursement, all the following must be true: a. There must be 2 or more officers in the vehicle being submitted for mileage. b. Officers are: Local or kingdom officers or designated deputies to those officers.

3. Fill out the Travel Details below for all mileage being claimed. Submit receipts for any fillups during the trip.

Make Check to: Legal Name: _____

SCA Name: _____

Mailing Address: _____

Telephone: _____

E-mail address (required if available): _____

Travel Details: Vehicle Type/Color/License: _____

Officer 1 SCA Name/Office: _____

Officer 2 SCA Name/Office: _____

Date	Starting City, Ending City	Starting Odometer	Ending Odometer	Miles

TOTAL MILES _____; Multiply Miles x Reimbursement Rate (\$0.15); TOTAL REQUEST \$ _____

I am submitting this request for approval by the Financial Committee of the Outlands. I warrant that all information herein is complete and correct. I agree to present receipts within 60 days of the expense for any money advanced to me or for reimbursement. I agree that any money not documented by receipts may not be reimbursed. I agree that if I am advanced money, I will repay any unspent balance by check to SCA Inc - Kingdom of the Outlands. I understand and agree that any balance owed to the Outlands is treated as Receivable until complete receipts are submitted.

Signed (Legal Name)

Date

EXCHEQUER'S USE ONLY

Request in the amount of \$ _____ is granted. Check #: _____ Issued: _____

Request is denied (details): _____

Signed (Exchequer)

Date

Notes: _____