



CALONTIR NON-MEMBER SURCHARGE SUBMISSION FORM With FUND TRANSFER FORM

Branch:

Quarter:

Year:

Calontir Fiscal Policy (FP) 204 Within 10 days 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: Kelly Judisch
3104 York Street
Des Moines, IA 50316

cc: Exchequer's File

For Kingdom Use Date Received _____
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