



THE SOCIETY FOR CREATIVE ANACHRONISM, INC. - FINANCIAL REPORT

Branch: _____ **Period:** _____ to _____ .

NEGATIVE REPORT FORM

If one of these categories applies to your branch, fill out the portion of this form that applies to your branch or account. Remember to sign the bottom of the form and to fill out and **attach the Contact Information Form**.

If NONE of these categories apply to you, a complete financial report using the standard forms is required.

A. NEW OFFICIAL BRANCH

I/We hereby state that this branch was officially recognized in the month and year of

and I/we further state that the group has no assets, no liabilities, no income, and no expenses during this reporting period that are not reported through another official branch.

B. INCIPIENT BRANCH or BRANCH FUNDS HANDLED BY ANOTHER BRANCH

I/We hereby state that this branch's finances are handled as a part of the branch

and all of the branch's financial activity is reported by the Exchequer of that branch.

C. UNIVERSITY OR COLLEGE within the U.S.

I/We hereby state that this branch's finances are handled through a university or college, with a name and address of

which reports to the U.S. Government and does NOT use the SCA Tax ID.

D. DORMANT OR SUSPENDED BRANCH

I/We hereby state that this branch had no income or expenses during this reporting period. All assets have been moved to

for management.

Legal Names:

Print

Sign

Seneschal:			Date:
Exchequer:			Date:



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Chancellor of the Exchequer Contact Information Form

Warrant End Date:					
Legal Name:					
Street Address:					
City:		State or Province:		Zip or Postal Code:	
Home Telephone:		Alternate Phone:			
Internet or E-mail Address (Required if available):				Membership #:	
SCA Name:				Exp. Date:	
Mailing address (IF NOT THE SAME AS ABOVE):					
PO Box/Address:					
City:		State or Province:		Zip or Postal Code:	

Deputy for:

Legal Name:					
Street Address:					
City:		State or Province:		Zip or Postal Code:	
Home Telephone:		Alternate Phone:			
Internet or E-mail Address (Required if available):				Membership #:	
SCA Name:				Exp. Date:	

Deputy for:

Legal Name:					
Street Address:					
City:		State or Province:		Zip or Postal Code:	
Home Telephone:		Alternate Phone:			
Internet or E-mail Address (Required if available):				Membership #:	
SCA Name:				Exp. Date:	

