

LOCAL TREASURER MONTHLY REPORT FORM

Complete all information on this form each month. Send the original to your Regional Treasurer by the end of the following month. Give a copy to your local Seneschal, Baron & Baroness (if applicable) and keep a copy for your files.

Name of Branch: _____

Report for (month & year): _____

Treasurer: SCA Name: _____

Modern Name: _____

Address: _____

Phone / email: _____

Bank Account Information:

Name of Bank: _____

Account Name: _____

Account Number: _____

Names and Offices of Signatories on Account:

The local treasurer, local seneschal, regional treasurer and kingdom treasurer are the required minimum signatories on all SCA accounts. List SCA and Modern names and offices for all signatories.

Modern Name	SCA Name	
_____	_____	<u>local treasurer</u>
_____	_____	<u>local seneschal</u>
_____	_____	_____
_____	_____	_____
_____	_____	<u>regional treasurer</u>
_____	_____	<u>kingdom treasurer</u>

Report prepared by:

Report reviewed by:

(signature and date) Treasurer

(signature and date) Seneschal

