SCA Shire of Adora
(Illawarra Medievalists)

Notification of Input of Funds

Origin of Funds:_____

Event Reference (If Applicable): _____

Funds Deposited: _____   Date Deposited: _____

Summary of Notification:_____

_____

_____

_____

_____

Member Details

Mundane Name: _____

SCA Name: _____

Signature: _____   Date: _____

Approval for Input of Funds

Amount Deposited: _____   Deposited To: _____

Approved By: _____

Position: _____   Member No: _____

Signature: _____   Date: _____

Seconded By: _____

Position: _____   Member No: _____

Signature: _____   Date: _____