Troop 957
Campout Cook / Grubmaster - Expense Claim Form

Name: _____

Campout (month/year): _____

# of scouts in cooking group: _____

Total cost of cooking supplies: _____

Provide receipts for items purchased

Cost per scout: _____

(Do not complete itemization below, unless requested by troop representative.)

Item #	Description		Amount
Total			$ -

Signed: Date:

Authorized: Date:

Received: Date: