BSA TROOP 776 REIMBURSEMENT REQUEST FORM

(Receipts are <u>required</u> for all items and amounts)

(Reimbursement requests are <u>due within 1 month</u> of Scout Event for payment)

Amount Requested: **$_____**

Scout Event	***Event or Purchase Date***

Description of Expenses _____

_____

_____

Name of Requestor	***Contact Information (e-Mail or Phone)***

Payee

Desired Method of Reimbursement (please circle): Scout Account ☐ Check ☐

For Scout Account Reimbursement (Scout Name – please print)

First Name	Last Name

For Reimbursement by Check (Payee – please print)

First Name	Last Name

Additional Payment Instructions or Explanations _____

_____

Approval

SIGN-OFF (Troop Committee Chair, Charter Org. Representative, Scoutmaster, or Treasurer)

First Name	Last Name
Signature	Date

Documentation

TREASURER'S USE ONLY

Payment Date:	Processed?
Payment Amount:	Processing Date:
Check Number:	

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Rev. 2/2017