



SCOUT TROOP 874 EXPENSE REIMBURSEMENT VOUCHER

Requested by/Payable to (Please Print): _____

Address: _____

Phone: _____ Date of event/function: ____/____/____

Please attach all receipts to this form. Reimbursements will not be made without a receipt unless approved in advance.

Date	Store/Vendor	Items/Purpose	\$Amount
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Please fill out ALL applicable areas and submit with appropriate receipt(s) to the Treasurer. If other non-troop items were purchased on the same receipt, please circle items for reimbursement.

Signature: _____ Total Amount \$ _____

Treasurer's notes: _____

Receipts received (Y or N, if No explain): _____

Date paid: _____ Check #: _____

Expense Category: _____ Treasurer Signature: _____

