

Troop 483 - Scouting Expense Reimbursement *AND/OR* Payment Submission Form
 Please submit to Treasurer or Committee Chairperson

Name	
Phone number	
Date of request	
Event/activity	

INCOME/EXPENSE DETAIL – ATTACH ALL RECEIPTS

Date	Store/Payee	Description (including name of Scout if applicable)	Amount
TOTAL			

APPROVALS:

Signature			
Date	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Committee Chair	<input type="checkbox"/> Scoutmaster
Signature			
Date	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Committee Chair	<input type="checkbox"/> Scoutmaster

Total Reimbursement	
Check number	
OR Petty Cash receipt	