

TROOP 457

REQUEST FOR REIMBURSEMENT

Please complete the information noted.

Attach receipts documenting expenditures to this form.

Please forward to the Troop Treasurer.

NOTE: if there is(are) no receipt(s) or invoice(s) covering the expenditure, a signature of the Scoutmaster or Committee Chair will be required before reimbursement can be made. Thanks.

Date: _____

Name: _____

Purpose of Expenditure: _____

Total Amount to Be Reimbursed: \$

Indicate Preferred Reimbursement Method (please select only one):

_____ Check

_____ Check, Debit Scout Account _____
(Specify Scout Account Name)

_____ Credit Scout Account _____
(Specify Scout Account Name)

[Attach Receipts/Invoices here]

Reimbursement Confirmation To Be Completed by Treasurer:

Amount Reimbursed: \$ _____

Date: _____

Check No. _____ / Scout Account Name: _____