

Troop 420 Reimbursement Request

Date: _____

Credit to Scout Account? Name: _____ Amount: _____

Credit to Adult Account? Name: _____ Amount: _____

Payment by Check? (Provide address if you would like a check to be mailed) Amount: _____

Name: _____

Address: _____

City/State/Zip: _____

Original receipts must be attached and submitted within three weeks of the date incurred

Receipt Date	Description	Event/Activity	Amount
Total Expenses			

I verify that the expenses detailed above were for legitimate Troop 420 business and were made according to the Troop Rules or Policies.

Submitted By: _____

Signature: _____

Approved By: _____ Date: _____
Committee Chair/SM or COR

For Treasurers Use Approved: _____
 Check _____ Date: _____ or Date Credited _____