

Boy Scout Troop 75 Reimbursement Request Form

Today's Date: _____

Amount Requested: _____ \$0.00

Description of Expenditures:

Purchase Date	Troop Event	Purchase Description	Amount
TOTAL			\$0.00

Must be completed for Food Reimbursement

Number of individuals food was purchased for _____

Must be completed for Gas Reimbursement (Select one)

Haul Trailer

Designated Driver *

List names of Scouts: _____

** If Designated Driver is selected, gas will only be reimbursed if you are driving other T75 Scouts in addition to your own*

How would you like to be reimbursed?

Check

Deposit into Scout Account Scout Name: _____

Complete if you selected Check reimbursement

Payable to: _____

Address: _____

Phone: _____

Note: Receipt(s) or invoices must be attached to receive reimbursement.

Please remit all requests within 30 days of purchase or event. Requests received after 60 days of purchase or event may be considered a donation to the Troop.

Treasurer Use Only:

Date Paid: _____

Check Number: _____

Amount Paid: _____

Budget Category: _____