

TROOP 49 REIMBURSEMENT REQUEST FORM

REQUESTED BY: _____

DATE SUBMITTED: _____

CHECK ONE:

Apply to Scout Account: _____

Mail to Address: _____

PAY TO THE ORDER OF: _____

DETAILS:

Event / Activity / Camp : _____

Reason(s) for Expense: _____

Item(s) Purchased: _____

Reimburse Amount: _____

NOTES:

REMOVE FROM SCOUT ACCOUNT(S)

Scout Account(s): _____ (ATTACH EVENT SPREADSHEET FOR GROUPS)

	PROVISIONAL Camp Fees- please attach receipts
	Merit Badge Clinic- please attach receipts
	Eagle Project Expenses- please attach receipts
	Eagle Court of Honor Expenses- please attach receipts
	Other:
	Close Out Scout Account (Per Policy, only parent deposits will be returned.)

Scout Signature _____ Date _____

Adult Lead / Scoutmaster Signature _____ Date _____

Second Adult / Treasurer Signature _____ Date _____

Check Amount: _____ Check #: _____ Check Date: _____ Category: _____

1. Reimbursement requests require two adult approvals/signatures.
2. Provide current mailing address for check.
3. Please submit completed Event Spreadsheet for Scout Account charges.
4. Reimbursement checks must be cashed within 3 months of check date.
5. Please send request to Treasurer with complete details as necessary.