



# Troop/Group Expense Reimbursement Request

This form should be completed *each time* a reimbursement is made from a troop/group bank account

Troop/Group: \_\_\_\_\_ Service Community: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Volunteer Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Policies:**

- **Original receipts for each purchase listed must be attached to this form**
- Approver must be an approved adult and may not be related to, or live with, the person being reimbursed
- Requests must be submitted for approval within 30 days of purchase. All other purchases will be considered donations
- Reimbursement must be in the form of a check. Using the troop account or debit card to cover personal expenses in lieu of reimbursement is not acceptable
- This form must be kept on file with the troop and submitted with the annual finance report when reimbursement is made. Please keep a copy for your personal records

Date	Purchased From	Items	Purpose	Amount
				\$
				\$
				\$
				\$
				\$
				\$
<b>TOTAL</b>				\$

**Submitted By:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Volunteer Position: \_\_\_\_\_

Troop Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Signed by: \_\_\_\_\_