

Troop/Group Expense Reimbursement Request

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

roop/Group:Se		vice Community:	Date:	Date:	
me:		Volunteer Position:			
dress:					
one:	Alt Pho	ne:[-mail:		
licies:					
	ginal receipts for each purchase	e listed must be attached to	this form		
Req donReir expoThis	uests must be submitted for ap ations mbursement must be in the for enses in lieu of reimbursement	proval within 30 days of pure m of a check. Using the troo is not acceptable the troop and submitted w	o, or live with, the person being rein rchase. All other purchases will be on account or debit card to cover perith the annual finance report when records	onsidered	
Date	Purchased From	Items	Purpose	Amount	
			· ·	\$	
				\$	
				\$	
				\$	
				-	
				\$	
			TOTAL	\$	
omitted E	By:		TOTAL	\$ \$	
			TOTAL Date:	\$ \$ \$	
nature:				\$ \$ \$	
nature: proval:	<u> </u>			\$ \$ \$	
proval: nature: _			Date:	\$ \$ \$	

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