



Cub Scouts Pack 334 Reimbursement Request

*NOTE: Reimbursement forms must be turned in with receipt(s)
no more than 60 days past occurrence date.*

NAME:		EMAIL:	
PHONE:		STREET ADDRESS:	

ATTACH RECEIPTS WITH EXPLANATIONS - be sure it includes:

- Reason for expenses (Fall Campout, Blue and Gold Banquet, Recruiting, Training, etc.)
- What expense was for (food, awards, fees, etc.)
- Date, Store Name
- Amount to be reimbursed

Amount to be reimbursed per receipts: \$ _____

If you do not have receipts, attach a sheet with the same information (reason, what, date, store name, amount) for each expenditure:

Amount to be reimbursed, no receipts: \$ _____
+

TOTAL AMOUNT OF EXPENDITURES
(Receipt amount plus non-receipts amount): = \$ _____

SUBTRACT ANY ADVANCE RECEIVED FOR THESE EXPENDITURES
\$ _____ -

TOTAL AMOUNT TO BE REIMBURSED: = \$ _____

Check this box if you would like the reimbursement to be credited into your son's scout account, rather than receiving a check.

SIGNATURE: _____

DATE: _____

APPROVAL SIGNATURE FROM PACK COMMITTEE MEMBER:
(Required for all requests over \$100.)

Treasurer's Use Only

Approved Date:

Check #:

Date Paid: