



# Troop 402

## Expense Reimbursement and Check Request

REQUEST DATE: \_\_\_\_\_ EVENT: \_\_\_\_\_

REQUESTER: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

### DESCRIPTION OF REQUEST

---

---

☐ Cash Advance      ☐ Reimbursement      ☐ Fee Payment  
☐ Supplies      ☐ Awards/Insignia      ☐ Other: \_\_\_\_\_

### EXPENSE DETAILS (Original Receipts must accompany request)

Date	Vendor	Description	Amount

**TOTAL AMOUNT TO BE REIMBURSED:** \_\_\_\_\_

### Payment Method:

☐ Check      ☐ Scout Account      ☐ Cash  
☐ Other: \_\_\_\_\_

**I attest that these expenses were incurred as part of Troop 402 activities.**

\_\_\_\_\_  
(Signature of requestor)

### AUTHORIZED SIGNATURES: (2 REQUIRED)

Committee Chair \_\_\_\_\_ Event Chairperson \_\_\_\_\_  
Scoutmaster \_\_\_\_\_ Committee Member \_\_\_\_\_

### FOR TREASURER'S USE ONLY:

Reimbursement issued: (date) \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

Reimbursement issued to: \_\_\_\_\_