



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
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL				\$

Submitted By:

Signature: _____ Date: _____

Approval:

Signature: _____ Date: _____

Printed Name: _____ Volunteer Position: _____

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