



Expense Reimbursement/Check Request

Make Check Payable To:	Date of Request:
	Expense Amount:
Address:	
Brief Explanation for Reimbursement/Check Request	
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Requested By Date </div> <p style="margin-top: 10px;">Electronic signatures via email will be accepted All receipts should be submitted with request Please request a separate receipt from the retailer for any Troop expenses</p>	
APPROVALS (two signatures required)	
_____	_____
Committee Chairperson	Treasurer

Scoutmaster	

Assistant Scoutmaster	
Treasurer's Use Only	
Payment Date:	Check #
	Total Paid:
GL Account:	