



**Boy Scout Troop 39**

**Marlborough, CT**

**Expense Reimbursement Request / Check Request**

Make Check Payable to:	Date of Request :
Expense Amount:	

Brief Explanation for Reimbursement/Check Request:

Requested By: (Please sign)  Date:

*All receipts should be stapled to the back of this request*  
***Please request a separate receipt from the retailer for any Troop expenses***

**APPROVALS : (Two Signatures Required)**

Committee Chairperson  Treasurer

Scout Master

Assistant Scout Master

**Treasurer's Use Only:**

Payment Date:	Check #:	Total Paid:
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GL Account: