

Troop 424

Expense Reimbursement

Name: _____

Date Submitted: _____

Description or Purpose of Expense	Amount	GL Code (Treasurer)
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TOTAL:

Reimbursed by Check No: _____

NOTE: All expenses must be pre-approved by the SM or CC to be eligible for reimbursement by the troop. Please staple all receipts to this form. Reimbursement will not be made without a receipt unless pre-approved by the CC or SM.