CUB SCOUT PACK 1182

PAYMENT/REIMBURSEMENT REQUEST

Payable to:

Address:

Check Requester:

Refund of previous purchase(No receipt) ☐

Return to Requester: ☐

OR

Mail to Payee: ☐

Date needed:

Phone:

Date:

Total Requested:

For Treasurer's Use only	
INCOMPLETE - return to authorizer	☐
COMPLETE	☐
DATE ENTERED PACK EXPENSE TRACKER	☐

BUDGET CATEGORY	AMOUNT

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(If your invoice reflects more than one budget category, please identify above as well as the amount that should be deducted from each.)

Place of Purchase	Item/Invoice #	Amount
	TOTAL >>>>>>>>>>>	

PLEASE SUBMIT COMPLETED FORM TO PACK TREASURER

For Treasurer's Use only	
Date Received:	
Date Paid:	
Date Mailed:	
Check Amount:	
Check Number:	
Check signed by:	

Treasurer's Checklist:	
Receipts attached	☐
Budget Category	☐
Treasurer Signature	☐
Additional Comments:	

Treasurer Authorization:

Print Name Date Signature