Troop 9 Reimbursement Form

Name: Date:

Address:

Phone:

Email:

This form is to be used for all reimbursement needs used for any Troop 9 event or activity
All reimbursements MUST be pre-approved by leadership and/or Committee chair

Date	Description	Approved By	Amount
		Total	$ 0.00

ALL reimbursement requests MUST contain receipts to verify purchases
Any reimbursement requests submitted without receipts WILL NOT be paid

Once completed, this request form is to be submitted to the Troop Treasurer for payment
Please allow at least one week for processing

Thank you for your cooperation