Reimbursement Policy:

1. Attach the receipts listed above to the back of this form.
2. Approval by the responsible Adult Leader is required.
3. No one can approve a request for reimbursement from themselves or from a family member.
4. No one can sign a check made out to themselves or to a family member.

To be completed by Treasurer:

Check No. _____
Amount $_____
Date Received _____
Date Paid _____
Recorded _____

Troop 957
Request for Reimbursement

Reimburse to: _____

Requested by: _____

Telephone number: _____

Authorization Signature: _____

Explanation: _____

_____

Date	Explanation of Expense (What it is for / Place of Purchase)	Amount
		$
		$
		$
		$
		$
		$
		$
		$
	Total	$ -

To be completed by Treasurer:

Account No.	Account Name	Amount
		$
		$
		$
		$
		$
		$