



EXPENSE REIMBURSEMENT REQUEST



Scouts BSA Troop 177

Oak Grove United Methodist Church

***THIS FORM IS FOR ALL TROOP 177 REIMBURSEMENT EXPENSES**

***PLEASE FILL IN ALL PERSONAL CONTACT INFORMATION**

Name: _____ Date submitted: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

EXPENSES				
ITEM / EVENT	PURPOSE	PURCHASED FROM	COLLECTED WITH TRIP SIGN UP	AMOUNT
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL:			\$	

_____ Please send me a check to the above address

OR

_____ Please put money into _____'s escrow account
(Scout's full name)

GUIDELINES:

*Non-camping trip expenses less than \$250.00 need to be approved by Committee Chair prior to purchase.

CONTACT: Committee Chair at jimmyggilmore@gmail.com

*Any expenses over \$250.00 need to be approved by the Troop Committee prior to purchase.

*Attach receipts (stapled to this form OR uploaded with online form submission).

*Request must be made within 30 days of the receipt date.

CONTACT: treasurer@troop177bsa.com for questions.

(*this portion is for Administrator use only)

Approved by: _____ Date: _____

Troop Check #: _____ Check Amount: \$ _____ Check signed by: _____ Date: _____

OR Reimbursement to Scout Escrow _____