

# TROOP 870 EXPENSE REIMBURSEMENT FORM

Name of person submitting form: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Type of activity:

Camp-out Expense(s)     
  Equipment Expense(s)     
  Court of Honor Expense(s)     
  Other Troop Family Activity Expense(s)     
  Other Expense Specify: \_\_\_\_\_

List type of expenses: \*

	<u>Type of expense</u>	<u>Amount</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
	Total Amount Submitted for Reimbursement	=====

\* Attach receipts.

Date processed for reimbursement by Treasurer: \_\_\_\_\_

Amount reimbursed: \_\_\_\_\_