

## **TROOP 260 REIMBURSEMENT REQUEST**

Date of request: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Make Check payable to: \_\_\_\_\_

Purpose of expense \_\_\_\_\_

\_\_\_\_\_

Expense approved by: \_\_\_\_\_

Paid by (Treasurer): \_\_\_\_\_

\_\_\_\_\_

### **INSTRUCTIONS:**

1. All reimbursement requests must have a receipt.
2. The receipt should be stapled to the back of this form.
3. Turn in the completed form and receipt no later than 60 days after expense.
4. Payments will be mailed to the address provided above.