

# TROOP 255 REIMBURSEMENT REQUEST

**Instructions:**

- Original receipts should be stapled to this form.
- All invoices must be submitted to Troop Treasurer within one month of expense date.
- Please keep a copy of this form and all invoices for your records.

<b>Pay to the order of</b>		
<b>Address</b>	<i>(Street)</i>	
	<i>(City)</i>	<i>(State/Zip)</i>
<b>Email</b>		

Expense Date	Vendor	Description
<b>Total Amount</b>		\$
<b>Special Instructions</b>		

This request represents an official Troop 255 expense. Payment has not been/will not be received from another source. This expenditure does not preferentially benefit those individuals who are authorized to request payments.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

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 For Administrative Use Only:

Amount Approved: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Treasurer *(Print Name Below)*

Committee Chair *(Print Name Below)*