



CUB SCOUT PACK 89

EXPENSE REIMBURSEMENT FORM

Please direct all finance inquiries to Pack Treasurer: Ana Rogers, paypack89@gmail.com or (512) 212-0587

REQUESTED BY:		DATE:	
CHECK PAYABLE TO:		IF NO CHECK - PAYPAL OR VENMO NAME:	
ADDRESS:		PHONE:	
CITY / STATE / ZIP:		EMAIL:	

Please use this form for all Cub Scout expense reimbursements. Be sure to list all expenses below including the vendor name, brief expense description, and what the expense was for. **Please attach all invoices or receipts to this form (required for reimbursement).**

All reimbursement requests should be submitted within 30-days of the expense being incurred to ensure for efficient Pack recordkeeping and refunds.

DATE	EVENT	VENDOR / EXPENSE	DESCRIPTION	AMOUNT
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL				\$
LESS: CASH COLLECTED				\$
LESS: CHARGES TO COUNCIL ACCOUNT				\$
TOTAL REIMBURSEMENT / CHECK REQUESTED				\$
# OF RECEIPTS ATTACHED				

I certify that all expense listed above were incurred for the benefit of the Cub Scouts and I am requesting to be reimbursed for those expenses

Signature of Requestor

Date

TREASURER'S NOTES:			Processed By: _____
Date of Receipt: _____	Check Amount: _____	Venmo: _____	-
Date Issued: _____	Check Number: _____	PayPal: _____	-
Refund Issued By: Mail / Hand Delivered / Venmo / PayPal (Circle One)			
Notes: _____ _____ _____			