

Troop 15



PAYMENT AUTHORIZATION

REIMBURSEMENT REQUEST

ATTACH ALL RECEIPTS or INVOICES TO THIS REQUEST

Name _____

Telephone (_____) _____

e-Mail _____

Check is to be made out to: _____

Amount of Check: \$ _____

If check is to be mailed, please supply address: _____

List expenses and provide a brief description and reason for expense. If more than one receipt is attached -or- if all items on receipt are not being reimbursed, then list each expense separately and total:

Date	Event	Vendor	Items purchased	Amount \$\$
Total				

Date _____
Check # _____
Amount _____

Signature