

Troop 332 Expense/Mileage Reimbursement Request Form

Person Requesting Reimbursement _____

Event _____

Purchases Reimbursement*

	<u>Item Purchased</u>	<u>Date of Purchase</u>	<u>Cost</u>
1.			
2.			
3.			
4.			
5.			
6.			

*Supporting receipts must be attached.

Mileage Reimbursement**

<u>Destination</u>	<u>Date of Trip</u>	<u>Round Trip Mileage</u>
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**Proof of mileage must be attached (i.e. Mapquest, or similar, page showing distance)

All supporting documentation must be attached or reimbursement will not be made!!!

I verify that the above information is accurate and items/mileage were used for Troop purposes.

Signature of Requester

Date

Signature of Committee Chair

Date

Signature of Treasurer

Date

Check issued – Check number:

Amount:

Date: