



## EXPENSE REIMBURSEMENT FORM

Leaders should use this form to submit expenses incurred on behalf of the Pack or their Den. Dated receipts must be submitted with this form\*\*.

**Submitted By:** \_\_\_\_\_

**Submission Date:** \_\_\_\_\_

**Total Reimbursement Requested: \$** \_\_\_\_\_

**Page: of** \_\_\_\_\_

Date Expense Incurred	Description of Expense	Purpose (Pack Mtg, Den Mtg, Event Name)	Expense Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total Expenses on This Form:</b>			<b>\$</b>

**Submit to Committee Chair or Pack Treasurer within 30 days of expense.**

I would like my original receipts returned.

**Submitter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Treasurer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check #:** \_\_\_\_\_ **Check Date:** \_\_\_\_\_ **Check Amount: \$** \_\_\_\_\_

\*\* If one or more receipts are not available, please fill out and attach a Missing Receipt Declaration