

BSA Troop 79
Hopewell United Methodist Church
351 Jenkins Rd
Tyrone GA 30290

Expense Reimbursement Form

Prepared By:

Date:

Purchase Approved By:

(Two Signatures required – Scoutmaster, Committee Chairperson or Treasurer)

Description of Purchase	Approved Purchase not to Exceed	Receipt Attached?	Amount of Reimbursement
1. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

Total Reimbursement:

Date Reimbursed:

Check# Amount: (Two signatures required for checks over \$150)

Treasurer Signature: _____

Reimbursed Party's Signature: _____

* If receipts are unavailable purchase must be verified by an additional committee member via a signed statement. Please include statement below