

**St. Peter & St. Paul Episcopal Church
Boy Scouts of America
Troop 797**

Request for Reimbursement/Payment

Date of request:	
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Please make check payable to: (please complete all information to ensure prompt and accurate payment)

Name	
Address	
City, ST Zip	

Please provide the following information:

Item #	Item Purchased	Expense Category **	Receipt attached Y/N	Date of Expense	\$\$ Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
	Total Request				-

Please make additional requests on another form.

** Please choose from the appropriate expense categories for each item: Adult Training; Appreciation Gifts; Background Checks; Bank Charges/Fees; Camping Fees; Courts of Honor; Eagle Scout COH, Eagle Scout Project; Equipment and Supplies; Fundraising Costs; Merit Badge Expenses; Miscellaneous; Postage & Office Supplies; Recruitment; Registration BSA; Registration – Other; Scout Training; Service Projects; Summer Camp; Trailer Expense; Mileage at \$0.20/mile while carpooling other scouts on pre-approved outing or Other (please describe).

THANK YOU!

For Treasurer's Use Only

Date request received: _____
 Date paid: _____
 Check #: _____
 Amount: _____