

# Cub Scout Pack 901 Expense Reimbursement Request Form

Revised Form: October 2006

## Instructions:

- All expenses to be reimbursed must be accompanied with bills and/or receipts indicating name of vendor/store, date of purchase, and name of item purchased.
- To receive expense reimbursement, request must be submitted to the Treasurer in person or via US mail within 30 days of the date the expense was incurred. Exceptions must have prior approval of the Treasurer.
- Individuals requesting reimbursement must identify the reason for the expense by selecting one of the categories of expense listed below.
- Individuals requesting reimbursement certify, by signing the request form, that the expense was incurred on behalf of Cub Scout Pack 901.
- Requests for items in excess of \$200.00 require prior approval of the Pack Chairperson.
- Requests for reimbursement may be hand delivered to the Treasurer or sent via US mail to:

**Cub Scout Pack 901 Treasurer, c/o Tom Kochanowski, 2 Pine Place, Annadale, NJ 08801.**

Unless there are extenuating circumstances, a reimbursement check will be sent within 3 days of receipt of request.

## Categories of Expenses:

001 National Registration Fee

002 Pack Insurance

003 Boy's Life

004 Scout Handbooks

005 Achievement Badges & Awards

011 Leader Training

012 Leader Books

013 Den Stipend **Den #**\_\_\_\_\_

031 Pack Committee Supplies

041 Pack contributions to Camping/Outings to offset expense to Scouts/Parents.

050 OTHER Expenses not included above: **Reason**\_\_\_\_\_

999 Clearing account (No net expense to Pack.. e.g. Tickets for sporting events.)

014 Den Expense(beyond Stipend) **Den #**\_\_\_\_\_

015 Den Equipment **Den #**\_\_\_\_\_ (ie. Flag)

021 Pack Equipment ( nonconsumable)

022 Supplies for Pack Meetings

023 Blue and Gold Pack Meeting

024 Pinewood Derby

025 Pack Picnic

026 Popcorn Drive

## Expense Breakdown: (Please complete the following)

<u>Date of Expense</u>	<u>Amount</u>	<u>Expense Category</u>	<u>Date of Expense</u>	<u>Amount</u>	<u>Expense Category</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Total Reimbursement Request: \$**\_\_\_\_\_.

**Name of Submitting Leader:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date of Request** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Chairperson** (if required) \_\_\_\_\_

Treasurer's Use Below					
<b>Date of receipt</b> _____	<b>Date of disbursement</b> _____	<b>Check No.</b> _____	<b>Mailed</b> _____	<b>Hand delivered</b> _____	
<b>Additional Accounting Info.</b> _____					<b>Treasurer's Ini.</b> _____