

Cub Scout Pack 41
Expense Reimbursement Request

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Event Name: _____ Event Date: _____

Itemized Costs Incurred:

Item	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

I understand, and agree, that by signing and making this request, I am attesting that the funds requested by me, are costs I directly incurred on behalf of Cub Scout Pack 41.

Signature: _____

For Treasurer's Use Only

Pay Date: _____ Check #: _____

Account Debited: _____

Notes: _____

Treasurer Signature: _____

Note: Reimbursements will be mailed to you within 7-10 days.