

Reimbursement Request

Date of request: \_\_\_\_\_

Person to whom the check should be written: \_\_\_\_\_

**If a receipt includes items for more than one reason, please group amounts by reason. The treasurers need to know how much money is spent for each reason category.**

Receipt from (store, company,...)	Amount	Reason # (see Reason List on the back of this sheet)
	\$	
	\$	
	\$	
	\$	
	\$	

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**Reason List**

4. Camporee
5. Summer Camp Other Than Food
6. Summer Camp Food
7. Winter Camp Other Than Food
8. Camping Permit
9. Camp Food
10. Equipment and Scout Supplies
14. Refreshments and Paper Goods
15. Troop 33 Shirts and Neckerchiefs
16. Community Service Supplies
17. Office Operations
24. High Adventure

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