

BSA TROOP 400
3606 S. Schafer Road
Spokane Valley, WA 99206

APPLICATION FOR EXPENSE REIMBURSEMENT

Name _____

Address _____

Phone #'s _____ (home) _____ (cell)

Email _____

Description of expense(s) _____

TOTAL AMOUNT REQUESTED \$ _____

RECEIPTS MUST ACCOMPANY REQUEST FOR REIMBURSEMENT

Procedure for Reimbursement:

Print a copy of this form and complete it. Please mail your completed request to the troop address above or hand-deliver it to the troop treasurer with all receipts (or copies) attached. Your reimbursement check will be either mailed to you or delivered to you at the next troop meeting.

Thank You