

← please staple all receipts to this corner

**PACK 24 EXPENSE REIMBURSEMENT FORM**

I am seeking reimbursement for the total amount of \$ \_\_\_\_\_.  
All receipts for these amounts are stapled to this form, and if the receipts contain non-reimbursable items, only the reimbursable amounts are highlighted on the receipts.

An itemization of the purchases and individual amounts for which I seek reimbursement are detailed in the columns that follow:

<u>Item</u>	<u>Individual Amount</u>	<u>Item</u>	<u>Individual Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The event(s) for which these amounts were incurred: \_\_\_\_\_

My reimbursement check has been hand delivered to me, or if it has not, my check should be mailed to : \_\_\_\_\_  
Street address                                          City,                                          State                                          Zip Code

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Submit to Ryan Adams by e-mail – [radams@shergarner.com](mailto:radams@shergarner.com)  
Mail – 909 Poydras Street, Ste. 2700, New Orleans, LA 70112  
Childpost – via Wesley Adams (3<sup>rd</sup> Grade - Avants)

*All expenses must be preapproved by the Pack Committee and/or the Treasurer prior to spending*