Troop 156 Expense Reimbursement Form

Name:							
Address:					1		
City: Email:			State:	Phone:	Zip:		
Lillall.				i none.			
		Please check here if your address has rece	ntly changed.				
		FOOD REIMBURSEMENT	GUIDELINE	S			
	The	e Troop Committee has set guidelines for f For a typical weekend trip, the usual allo	•		ow.		
Cracker Barrel (e.g. Friday night snack) \$2 per person							
	Saturday Br		\$3 per person				
	Saturday Lu		\$3.50 per person				
Saturday Dinner Sunday Light Breakfast before departure				\$4.50 per person \$2 per person			
	Sunday Ligi	it breaklast before departure		yz per pers			
	# Scouts #	A Detailed Description is Required		Name of Event or Activity		\$ Amount	
Date	# Scouts #	E.g., Food, Equipment, Supplies, etc.				(Attach	
	Addits	Include Patrol's Name if Food Expense	:			Receipts)	
Total Requested Reimbursement: \$ -							
Please check here to make a tax-deductable donation to the Troop. A receipt will be issued for the Total							
Requested Reimbursement amount which can be used for tax purposes.							
Diago tumo	or print vor	. clearly Descripts MUST assemble this f	orm Automila	aga raimhur	samant is to	, ho	
Please type, or print very clearly. Receipts MUST accompany this form. Auto mileage reimbursement is to be submitted by the Event Chairperson. Please do not combine personal and Troop purchases on the same receipt. Kindly							
use the Troop Sales Tax exemption letter whenever possible.							
	- p						
To avoid Sa	les Tax inform	the cashier you have a tax exempt status	before checking	g out. BSA S	ales Tax Exe	emption:	
E9988-9676	6-03. The IRS	form is available on the Troop web site or	from the Treasu	ırer.			
		and deliver the completed form along with			Treasurer.	Please	
submit all re	equests for re	imbursement WITHIN 30 DAYS OF THE PU	RCHASE OR TH	E EVENT.			
Troop Troo	curor		Tropeuror's	Heo Only: 1	Povisod 11 <i>/</i>	22/12	
Troop Treasurer: John Desmond			Received:	Use Only: 1	neviseu 11/	22/13	
1622 Brandon Road, Glenview, IL 60025			Paid:				
1.847.826.4012 (m)			Amount:				
	ond@msn.cor	m	Bank Confi	m Nbr:			
		Reviewer:					