

PACK 4380 REIMBURSEMENT FORM

STAPLE RECEIPTS TO THE UPPER RIGHT HAND CORNER

DATE:	
NAME:	
ADDRESS:	
TELEPHONE	
CHECK PAYABLE TO:	

CHECK ONE:

- PLEASE MAIL CHECK TO ADDRESS ABOVE
- I WILL PICKUP CHECK AT PACK MEETING
- OTHER ARRANGEMENT

ACCOUNTS: CHECK ALL THAT APPLY

<input type="checkbox"/>	AWARDS	\$	<input type="checkbox"/>	DEN LEADER EXPENSE	\$
<input type="checkbox"/>	BLUE & GOLD	\$	<input type="checkbox"/>	PINEWOOD DERBY	\$
<input type="checkbox"/>	CROSS OVER PICNIC	\$	<input type="checkbox"/>	POPCORN BLITZ	\$
<input type="checkbox"/>	CAMP – FALL	\$	<input type="checkbox"/>	POPCORN OTHER	\$
<input type="checkbox"/>	CAMP – SPRING I	\$	<input type="checkbox"/>	SWIM PARTY	\$
<input type="checkbox"/>	CAMP – SPRING II	\$	<input type="checkbox"/>	OTHER SUMMER EVENT	\$
<input type="checkbox"/>	CUBOREE	\$	<input type="checkbox"/>	OTHER CAMP OUT	\$
<input type="checkbox"/>	FALL CHILI COOKOFF	\$	<input type="checkbox"/>	OTHER	\$
<input type="checkbox"/>	PACK MEETING	\$			

DATE	ITEM	PURPOSE	PLACE OF PURCHASE	AMOUNT
			TOTAL	\$

REMARKS:

TREASURER/FINANCE COMMITTEE
ONLY

CHECK NUMBER: _____

Invoice Rec'd: _____

Amount: \$ _____

Date Paid: _____

Remarks: _____

Audit Initials: _____

Audit Date: _____

Ver 08Aug2015 - Reimbursements MUST be received within 60 days of date on receipt or PACK cannot reimburse the expense.