**APPENDIX B**

To

Cub Scout – Pack 127

By-Laws

**REIMBURSEMENT FORM**

**REIMBURSEMENT POLICY**

No reimbursement will be made without the completion of this form. NO EXCEPTIONS. Committee Members and Den Leaders have 30 days after a purchase to turn in this form with original receipt attached. Reimbursements will not be paid without pre-approval of the expenditure by the Committee.

DATE\_\_\_\_\_\_\_\_\_\_FIRST NAME­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEN\_\_\_\_\_\_\_\_\_\_

**EXPENSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **DESCRIPTION** | **QUANTITY** | **UNIT COST** | **TOTAL COST** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**TOTAL AMOUNT OF REIMBURSEMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMITTEE APPROVAL**

COMMITTEE CHAIR APPROVAL

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TREASURER APPROVAL

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REIMBURSEMENT INFORMATION**

DATE\_\_\_\_\_\_\_\_\_\_\_\_REIMBURSEMENT AMOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHECK NUMBER\_\_\_\_\_\_\_\_\_\_\_\_