

BSA Varsity Team 8880
Reimbursement Request Form



Date of Request: _____

Name of Requester: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Email: _____

Amount Requested: \$ _____

Method of Payment: Check Payable to _____

Deposit to Scout Account of _____

Description of Expense:

I certify that the expense that this reimbursement request applies to is solely for the benefit of BSA Varsity Team 8880 and is a legitimate use of Team funds:

Signature: _____

Note: All expenditures exceeding \$25 must have prior written approval from the Treasurer. All expenditures without prior written approval may only receive reimbursement up to \$25. To receive reimbursement, this form must be submitted with the original or a copy of each receipt. If applicable, prior written permission for the expense must also be attached.

For Committee Use:

Approved by: _____	Date: _____
Signature: _____	Amount: \$ _____
Check #: _____	Date: _____