

BOY SCOUT TROOP 88 CHECK REQUEST

<h2 style="color: blue; margin: 0;">BOY SCOUT TROOP 88 EXPENSE REPORT</h2> <p>1 This form must be completed for any disbursement of funds from the Troop 88 Treasury</p> <p>2 Unsupported expense of greater than \$20 requires the Troop Committee Chairman's signature</p> <p>3 To validate your claim, please submit proof of transactions. ALWAYS OBTAIN RECEIPTS, then attach them to this form when you submit</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr style="background-color: #e0f0ff;"> <td>For Treasurer Use Only</td> </tr> <tr> <td>Check number: _____</td> </tr> <tr> <td>Amount: _____</td> </tr> <tr> <td>\$ _____</td> </tr> <tr> <td>Check date: _____</td> </tr> <tr> <td>Date Input - Date Sent <div style="text-align: center;"> </div> </td> </tr> </table>	For Treasurer Use Only	Check number: _____	Amount: _____	\$ _____	Check date: _____	Date Input - Date Sent <div style="text-align: center;"> </div>
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<p>I am requesting (check one):</p> <p>Reimbursement <input type="checkbox"/> of expenses incurred</p> <p>CHECK <input type="checkbox"/> to an external organisation</p> <p>Advance Funds <input type="checkbox"/> for anticipated expenses (follow-up expense report required) For Advance, date needed by: _____</p> <p>Other <input type="checkbox"/> describe below</p>	<p>Check to be sent to:</p> <p>⇒ _____ Troop Member or External Organisation</p> <p>⇒ _____ Street Address</p> <p>⇒ _____ City, State, Zip</p>
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Describe Expense	Receipt Amount(s)
Event / Purpose: _____
Event Leader: _____
Troop Leader Signoff: _____ (SM or CC, as appropriate)
Description: _____ _____ _____ _____ _____ _____ _____ _____

<p>If questions arise, contact me at:</p> <p>⇒ _____ phone # email</p> <p>* Troop Committee Chairman signature required for:</p> <ul style="list-style-type: none"> - unsupported reimbursements of > \$20 - all check advances to individuals <p>_____ Signature, Troop Committee Chairman - Troop 88</p>	<table style="width:100%;"> <tr> <td>Receipts Total</td> <td>\$ _____</td> <td>-</td> </tr> <tr> <td>No Receipt *</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Advance(d) to me *</td> <td>\$ _____</td> <td></td> </tr> <tr> <td colspan="3" style="font-size: small;">(reflect previously advanced funds as negative number)</td> </tr> <tr> <td>Payment direct to external org *</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Grand Total</td> <td>\$ _____</td> <td>-</td> </tr> </table>	Receipts Total	\$ _____	-	No Receipt *	\$ _____		Advance(d) to me *	\$ _____		(reflect previously advanced funds as negative number)			Payment direct to external org *	\$ _____		Grand Total	\$ _____	-
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Grand Total	\$ _____	-																	

I provide that all expenses or advanced funds claimed are in support of the approved activities of BSA Troop 88 in Bridgewater, NJ.
 I understand that advanced funds must be supported by receipts, or be subject to reimbursement to the BSA Troop 88 treasury.

_____ PRINT Name	_____ Signature	_____ Date
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Note: ATTACH ALL ORIGINAL RECEIPTS