

# Boy Scouts of America

## Troop 325

### Driver Reimbursement Form



### Driver Reimbursement Form

Outing:\_\_\_\_\_

Coordinator:\_\_\_\_\_

Name of Driver:\_\_\_\_\_

Date of Outing:\_\_\_\_\_

# of Scouts Transported:\_\_\_\_\_

Gear Transported:\_\_\_\_\_

Total number of miles driven:\_\_\_\_\_

Reimbursement Amt: \$\_\_\_\_\_

### Troop 325 Standard Reimbursement Amounts

Less than 50 Miles	\$10.00
50 to 100 Miles	\$15.00
101 to 200 Miles	\$20.00
Over 200 Miles	\$0.14 cents per mile

Signature of Driver:\_\_\_\_\_

Date:\_\_\_\_\_

Signature of Coordinator:\_\_\_\_\_

Date:\_\_\_\_\_

Signature of Treasurer:\_\_\_\_\_

Date:\_\_\_\_\_

Outings Coordinator's Use Only	Treasurer's Use Only
Date Received:	Date Paid:
Date Submitted:	Check Number: