

**Boy Scouts of America**  
**Troop 325**  
Expense Reimbursement Form



**Outing Expense Reimbursement Form**

Please submit this form with all receipts to the outings coordinator within 1 week of outing.

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

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

Name: \_\_\_\_\_

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

Date of Expense	Description of Expense	Patrol Name or Troop Related	Amount
			\$
			\$
			\$
			\$
<b>TOTAL AMOUNT DUE</b>			\$

I certify that these expenses were incurred to benefit Troop &/or Crew 325 and have not been reimbursed by any other source.

Signature: \_\_\_\_\_

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

Approval of Coordinator: \_\_\_\_\_

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

Approval of Treasurer: \_\_\_\_\_

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

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