



# Troop 46 Expense Form

Event \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Thank you for making this purchase to help support Troop 46 activities. Please use this form for all Boy Scout expense reimbursements. Be sure to list all expenses below including the vendor name and expense description. Please complete and return, with receipts, to [treasurer@matthewstroop46.org](mailto:treasurer@matthewstroop46.org).

Date	Vendor Name / Expense Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total:** \_\_\_\_\_

I certify that all expenses listed above were incurred for the benefit of the Boy Scouts and I am requesting to be reimbursed for these expenses. Please accept my name entered in the signature field below as my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Treasurer's Use Below*

Date Received _____	Date Paid _____	Check Number _____	Treasurer Initials _____	CC/COR Initials _____
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