

TROOP 956 EXPENSE FORM

*Instructions: Complete form and staple supporting receipts to this or additional pages.
Submit to treasurer one week prior to monthly committee meeting.*

Name: _____

Address: _____

Phone: _____

Purpose: _____

Type: **F**= Food **E** = Equipment **T** = Transportation **L** = Lodging/Camping **A** = Admissions **S** = Supplies **O** = Other

Date of Expense	Vendor	Description	Type of Expense	Amount	Receipt Attached? ✓
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

TOTAL EXPENDED

Less any advance from Troop

Excess funds advanced - returned to Troop treasury

Excess funds expended - Reimbursement requested

Remarks:

I certify the above expenses are accurate and were for the benefit of Troop 956, not for personal use.

For Internal Use:	
Ck # _____	_____
Date: _____	_____

Submitted by: _____

Signature _____

Date _____