



## CUB SCOUT PACK 1199 • MAYWOOD, NJ

### Expense Request Form

<b>NAME</b>			
<b>ADDRESS</b>			
<b>PHONE</b>		<b>E-MAIL</b>	

This form is to be completed for all Cub Scout expense requests. In the spaces below, please provide as much detail as possible and attach any quotes or invoices if applicable. A valid receipt must be attached after payment has been made. Only one request per vendor can be made per form. Multiple expense requests for multiple vendors require separate request forms.

Vendor Name & Address (If Address Is Required)	
Reason for Expense Request	
Is This Expense Against A Budgeted Item?	Total Amount Requested

Signature/Date: \_\_\_\_\_

PACK 1199 USE ONLY			
Date Received	Form of Payment ___ CHECK # _____ ___ CREDIT CARD	Quote/Invoice Attached	Receipt Of Payment Attached
Treasurer Signature		Cub Master/Committee Chair Signature	