

**Calvary Episcopal Church BSA Pack 1000**  
**Expense Reimbursement/Check Request Form**

Submitted By:	Date:	Make Check Payable To:
Telephone Number:	Amount Requested:	Purpose/Description:
Email:		

Date	Event/Location	Expense Categories							
		Food/Bev	Awards	Supplies	Books	Prizes	Registrations	Other	Total
Total Amount Due:									

REQUESTER SIGNATURE: _____ APPROVED BY Den Leader _____ APPROVED BY Cub Master _____ CHECK BY Treasurer _____	Date: _____ Date: _____ Date: _____ Date: _____
	Check # Issued <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>

1. COMPLETE FORM ABOVE.
2. PLEASE ATTACH RECEIPTS AND/OR OTHER DOCUMENTATION (REQUIRED FOR REIMBURSEMENT).
3. SUBMIT TO DEN LEADER (IF APPLICABLE) AND CUBMASTER FOR APPROVAL.
4. PLACE IN TREASURER'S FILE FOR REIMBURSEMENT.
5. TREASURER WILL CONTACT YOU WHEN CHECK IS READY.