



Cub Scout Pack 601
Sugar Grove P.I.E.
Greenwood, IN 46143

Official Pack Request Form For Reimbursement

Date of expense:	_____	Yes/No
Amount:	_____	Is this a pre-approved expense: _____
Event or Purpose:	_____	
Payee:	_____	
Payee Address:	_____ _____ _____	

I hereby affirm that this request for reimbursement has not been previously submitted and paid by Pack 601. I also affirm that the request for reimbursement is a legitimate expense incurred by me for a previously approved event or specific business purpose of the Pack.

Signature: _____
Name: _____
Date: _____

Pack Use Only
Approved by: _____
Date: _____

Instructions: Please fill in and provide the information needed for all spaces. The form must be signed and the original (if possible) receipt evidencing such expense must accompany the Official Pack Request Form For Reimbursement. The Form and receipt may be presented to the Pack Treasurer or his/her designee at any Pack Committee Meeting for review and approval by the Committee. Any Forms and receipts received outside of a Pack Committee Meeting may be held by the Treasurer until the following Pack Committee Meeting for review and approval. Please allow up to 30 days for reimbursement. Reimbursements exceeding \$500.00 or more may be reviewed and paid by the Treasurer outside of a regular Pack Committee Meeting only upon preapproval from the Cubmaster and/or Pack Committee Chairperson.

This procedure and instructions may be amended at any time by the Treasurer and/or the Pack Committee.