Check Request

This request is to be used any time Troop/SU funds are spent. Whenever possible, this should be in the form of a reimbursement, not an advance. **Receipts must be submitted for all expenses and submitted within 60 days.**

Requested by:		Date:	Date:	
Check to be made ou	ıt to:			
	(receipt must be at so to follow by:oval from SU Manager / tro	Receipts rec	eived on:	
Please classify exper	nse(s) into the appr	ropriate categories indi	cated below:	
Office supplies Postage Printing (copies) Recognitions		Refreshments Events Crafts Other		
			\$ \$ \$	
Approved:	ader/Co-leader/SUM/E	Date: Event Director	CA: AT AD-0356W 9/10/19	
Date received: Date paid: Check #: Paid by: Receipts attached?				