



**Boy Scout Troop 173**  
Yorktown Heights, NY



**Expense Reimbursement Form**

**Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_  
Please Print

**Event:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

**Name of Patrol:** \_\_\_\_\_  
Write "Troop" if this is a troop expense

Expense Type	# of People <small>Applicable to camping</small>	Amount
<b><u>Camping</u></b>		
Food and Supplies **	_____	<input type="text"/>
Equipment *		<input type="text"/>
Fees		<input type="text"/>
<b><u>Advancement *</u></b>		
Rank Badges		<input type="text"/>
Merit Badges		<input type="text"/>
Pins		<input type="text"/>
Emblems		<input type="text"/>
<b><u>Troop Meeting/COH</u></b>		
Decorations		<input type="text"/>
Food		<input type="text"/>
Other *		<input type="text"/>
<b><u>Troop Equipment *</u></b>		<input type="text"/>

**Total to be Reimbursed**

Attach sales receipts to this reimbursement form.

**Approved by (signed)**

\_\_\_\_\_  
Scoutmaster

OR

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Treasurer

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Recorded: \_\_\_\_\_

\* - Please attach list of items purchased.

\*\* - Food reimbursed at the following schedule: One Night Campout \$7.00/Person – Two Night Campout \$10.00/person