

Use this form to submit expenses for reimbursements or charges to the Troop debit card. Fill out the form below completely. All receipts should be attached to the form and submitted to the Treasurer or scan form and receipts and email to TreasurerMO2215@gmail.com.

| Date: | | | |
|-----------------------|-----------------|----------------|--------------|
| Budget Category: | | | |
| Expense Type: | O Reimbursement | O Debit Charge | O Pay Vendor |
| Submitted by (name): | | | |
| Your Phone Number: | | | |
| Your Email Adress: | | | |
| Send Check to (name): | | | |
| Address: | | | |
| City/State/Zip: | | | |

| Business Name/Description of Purchase for Each Receipt | Amount |
|--|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| Total | |

| Treasurer Use Only | | | | | | | |
|--------------------|--------|------|--|--|--|--|--|
| Check Number | Total | | | | | | |
| or Debit Charge | Amount | Date | | | | | |
| | | | | | | | |