

Matthews Troop 39 Grubmaster Expense Reimbursement Form

Requesting Scout or Leader Name _____ Date _____

Event or Outing _____ Date of Event _____

List of individuals for whom meals were provided: _____ Patrol Name _____

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

List of expenses and staple receipts to back of form:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount Spent

\$ _____

Amount allowed per person

\$ 8.00

Number of people purchased for

Maximum Amount Allowed (*allowance x people*)

\$ _____

Amount Requested Lower of two amounts:

\$ _____

Check Number _____ Date _____