

**194**

**BOY SCOUT TROOP 194  
Flemington, NJ**



**EXPENSE REIMBURSEMENT & CHECK REQUEST FORM**

Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_

**PURPOSE**

\_\_\_\_\_

\_\_\_\_\_

*(Please specify the event or trip and date)*

- Cash Advance       Reimbursement       Fee Payment  
 Supplies    Food       Registration Fees       Deposit/Reservation Fee  
 Awards/Insignia       Other \_\_\_\_\_

**All requests for reimbursement must be accompanied by original receipts.**

**MAIL CHECK TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mail receipts and forms to: Tim Connolly  
48 Copper Penny Rd.  
Flemington, NJ 08822  
908-788-0996

**ACCOUNTING USE ONLY**

Control # \_\_\_\_\_ Category \_\_\_\_\_ Check # \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_