

Troop 184 Expense Report

St. Paul's Lutheran Church
North Tonawanda, NY 14120

Complete this form to obtain reimbursement from the Troop treasury. Approval of the Troop Committee Chairperson and one other committee member is required.

Name: _____ Date: _____

Address (required if you want a check mailed to you):

Phone Number(s): Home: _____ Work: _____

Reason for purchases:

1) _____ Amount: _____

2) _____ Amount: _____

3) _____ Amount: _____

4) _____ Amount: _____

(Attach all receipts) TOTAL: _____

Approved: A) Committee Chairperson

(Print Name)

(Sign Name)

B) Committee Member

(Print Name)

(Sign Name)

Treasurer Use:

Check number issued: _____ Amount: _____

Date: _____