

## CUB SCOUT PACK 881 EXPENSE REIMBURSEMENT REQUEST FORM

DATE SUBMITTED: \_\_\_\_\_

PERSON SUBMITTING REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

DATE ON RECEIPT***	PURPOSE OF EXPENSE	AMOUNT

**TOTAL:** \_\_\_\_\_

**\*\*\* ATTACH COPY OF INVOICE OR RECEIPT TO THIS REQUEST.**

APPROVED BY (CUB MASTER): \_\_\_\_\_

APPROVED BY (COMMITTEE CHAIRPERSON): \_\_\_\_\_

APPROVED BY (TREASURER): \_\_\_\_\_

APPROVED BY (PACK COMMITTEE) \*IF OVER \$35: \_\_\_\_\_

QUESTIONS? Call or email: REBECCA FAHEY  
720-234-7819  
[rebecca@thefaheys.us](mailto:rebecca@thefaheys.us)

check # \_\_\_\_\_ date paid \_\_\_\_\_