

TROOP NC - 7777 EXPENSE CLAIM FORM

Claim Date: _____
 Leader's Name: _____
 Phone: _____
 Email: _____

Instructions:
 1. Complete all information accurately and in full.
 2. The HIGHLIGHTED sections are for Admin use only.
 3. Use your best descretion when selecting the Expense Account.
 4. Attached all the receipts to the Claim Form.
 5. The Claim Form must be signed by a Troop committee member, other than the Treasurer, before you submit the Claim. Submit the Claim Form & receipts to the Treasurer, for authorization & payment

Check Amount: _____
 Payable To: _____
 Check Number: _____
 Authorized: _____
 Treasurer

Activity Description:

Expense Date	Expense Account	Expense Description	Amount Claimed	Receipt/Voucher	Amount Payable
	Camping			YES / NO	
	Special Programming Expenses			YES / NO	
	Monthly Meetings & Activies			YES / NO	
	Fund Raining Expenses			YES / NO	
	Faith Components			YES / NO	
	Scholarship Troop Dues			YES / NO	
	Scholarship Camping			YES / NO	
	Leader Membership			YES / NO	
	Advancement & Awards			YES / NO	
	Uniforms			YES / NO	
	Transport			YES / NO	
	Equipment Purchases			YES / NO	
	Community Service			YES / NO	
	Bank Charges			YES / NO	
	Admin & Office Equipment & Stationery			YES / NO	
	Charter Fees			YES / NO	
	Public Relations, Communication & Technology			YES / NO	
	Training			YES / NO	
	Repair & Maintenance			YES / NO	
	Sundry			YES / NO	
	Total Amount Claimed				

Notes: _____

Leader's Signature: _____ Authorized By: _____ (Committee Member) Date Authorized: _____

Authorized Signature: _____