Girl Scouts of the Green and White Mountains
PO Box 10832
Bedford, NH 03110-0832

Troop Leader Expense Reimbursement Request

Troop Number: _____ Date: _____

Name: _____E-mail: _____

Address: _____ Phone: _____

City: _____State:_____ Zip:_____

EXPENSES:

PURCHASED FROM	ITEM/PURPOSE	AMOUNT
		$
		$
		$
		$
		$
		$
		$
	TOTAL	$

Guidelines:

1. Troop Leaders are encouraged to use the Troop bank account to pay for all Troop expenses.
2. Original receipts must be attached to this form.
3. Request must be submitted within 30 days of the receipt date.
4. Troop Leaders may NOT use a Troop debit card or write a check from a Troop bank account to reimburse either themselves or any family member.
5. This form is to be held by the Community Accounting Coordinator and attached to the Troop's year-end report.

Approved: _____ Date: _____
Community Accounting Coordinator

Troop check #: _____ Check amount: $_____

Check signer: _____ Check date: _____