Cub Scout Pack 453

Expense Reimbursement Request Form

Request Date: _____

Requestor Name: _____

Date of Expense	Item Description (Activity, Pack Meeting, etc.)	Vendor	Amount	Budgeted (Y/N)
			Total	

Approved By:** _____

Approver Title: _____

**The following expenses DO NOT require approval by Committee Chair or Cubmaster:
- Expenses that are BUDGETED and UNDER $100.

The following expenses DO require approval Committee Chair or Cubmaster:
- All expenses that are NOT BUDGETED.
- All expenses OVER $100, regardless of whether they are budgeted or not.
- No receipt item

When considering the $100 threshold, all expense items that are related to the same event should be combined.