

**B.S.A. Cub Pack 53 - Randolph, NJ**  
**Reimbursement/Check Request**

Submitted By: \_\_\_\_\_ Request Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Reimbursement  Check Request   
 Den Number: \_\_\_\_\_ (Please check one)

Reason for reimbursement/check request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Provide and itemized list of expenses below. Please attach all receipts.*

Date	Item	Amount
Total		

Signature: \_\_\_\_\_

*All expenditures over \$100.00 must be pre-approved by the Cub Master*

Cub Master Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Treasurer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*For pack use only*

Date Paid: \_\_\_\_\_  
 Check No.: \_\_\_\_\_  
 Approved Amt.: \_\_\_\_\_