

**CUB SCOUT PACK 144 CHECK REQUEST**



**Pack 144 Treasury Guidelines**

- 1 Expense form must be completed for any disbursement of funds from the Pack 144 Treasury
- 2 Any unsupported (no receipt) expense of greater than \$20 requires the Akela's signature
- 3 The only way to validate your claim is for you to submit proof of transactions.  
**ALWAYS KEEP YOUR RECEIPTS**, then **attach them to your expense form** when you turn it in.
- 4 Provide all relevant information in the yellow boxes.
- 5 Feel free to batch your expense claims, please subtotal expenses by event.  
<<<<< **Checks will be distributed every 2 weeks** >>>>>

**For Treasurer Use Only**

#
Check number
\$ Amount
Check Date
Date Input - Date Sent

**I am requesting (check one):**

- Reimbursement of expenses incurred**
- Vendor Check for a Pack 144 vendor**
- Advance Funds for anticipated expenses**  
(follow-up expense report required)  
For Advance, Date needed by: \_\_\_\_\_
- Other** describe below \_\_\_\_\_

**Check to be sent to:**

⇒	
	Pack Member or Vendor
⇒	
	Street Address
⇒	
	City, State, Zip

**Describe Event & Expense Purpose**

**Amount**

#	Describe Event & Expense Purpose	Receipts	Amount
1		Receipts	\$ -
		No Receipt	\$ -
		<b>Total</b>	
Event Date : _____			
2		Receipts	\$ -
		No Receipt	\$ -
		<b>Total</b>	
Event Date : _____			
3		Receipts	\$ -
		No Receipt	\$ -
		<b>Total</b>	
Event Date : _____			

**If questions arise, contact me at:**

⇒		
	phone #	email

**\* Akela signature required for:**

- unsupported reimbursements of > \$20
- all check advances to individuals
- all direct payments to vendors

\_\_\_\_\_  
Signature, Pack 144 Akela

<b>Receipt Total</b>	\$ -
<b>No Receipt *</b>	\$ -
<b>Advance(d) to me *</b>	\$ _____
(reflect previously advanced funds as negative number)	
<b>Payment direct to vendor *</b>	\$ _____
<b>Grand Total</b>	\$ -

I provide that all expenses or advanced funds claimed are in support of the approved activities of Cub Scout Pack 144 in Seattle, WA. I understand that advanced funds must be supported by receipts, or be subject to reimbursement to the Cub Scout Pack 144 treasury.

\_\_\_\_\_  
PRINT Your Name

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**Note: ATTACH ALL ORIGINAL RECEIPTS, Segregate receipts by event if appropriate**