

**BOY SCOUTS OF AMERICA
TROOP 599
MEMORIAL DRIVE UNITED METHODIST CHURCH**

CHECK REQUEST FORM FOR 2016 - 2017 FISCAL YEAR

Date: _____ Your Phone No. _____

Payable to: _____

Address: _____

Item Description	Budget Category Number	AMOUNT
TOTAL		

Budget Categories							
Administration		Development		Programs		Outings	
A1	BSA / SHAC	D1	Advancement	P1	Awards	O1	Equipment Purchases or Repairs (Specify)
A2	New Scouts	D2	Eagle Advancement and/or Eagle Courts	P2	May Banquet	O2	Scout Hut Maintenance
A3	Newsletter	D3	FCE (First Class Emphasis)	P3	Courts of Honor	O3	Truck/Trailer Expenses or Purchases (Specify)
A4	Office Supplies	D4	Order of the Arrow	P4	Scout Sunday Banquet	O4	Campouts (Specify)
A5	Postage	D5	Training (Adults & Scouts)	P5	Special Programs	O5	Summer Camp
A6	Shirts/Hats	D6	Misc. Development	P6	Weekly Programs	O6	High Adventure(Specify)
A7	Scholarships		Greenery	P7	Misc. Programs	O7	Misc. Outings (Specify)
A8	Misc. Administration	G1	Commissions				
		G2	Expense				

Requested By: _____	Budgeted Expense: Yes _____ No _____
Approved By: _____	Date Paid: _____ Check No: _____

**TO EXPEDITE PROCESSING AND PAYMENT, PLEASE ATTACH RECEIPTS FOR
EACH ITEM FOR WHICH YOU ARE REQUESTING REIMBURSEMENT**

