BOY SCOUTS OF AMERICA
TROOP 599
MEMORIAL DRIVE UNITED METHODIST CHURCH

CHECK REQUEST FORM FOR 2025 – 2026 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	Campouts (Specify)
A2	New Scouts	D2	Eagle Advancement and/or Eagle Courts	P2	May Banquet	O2	Equipment Purchases or Repairs (Specify)
A3	Newsletter & Website	D3	FCE (First Class Emphasis)	P3	Courts of Honor	O3	Equipment Storage
A4	Office Supplies	D4	Order of the Arrow	P4	Scout Sunday	O4	High Adventure (Specify)
A5	Postage	D5	Training (Adults & Scouts)	P5	Special Programs	O5	Scout Hut Maintenance
A6	Room Rental	D6	Misc. Development	P6	Weekly Programs	O6	Summer Camp
A7	Scholarships		**Greenery**	P7	Misc. Programs	O7	Truck/Trailer Expenses or Purchases (Specify)
A8	Shirts/Caps/Handbooks	G1	Commissions			O8	Misc. Outings (Specify)
A9	Misc. Administration	G2	Expenses				

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