

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

**CHECK REQUEST FORM FOR 2017 - 2018 FISCAL YEAR**

Date: \_\_\_\_\_ Your Phone No. \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Item Description	Budget Category Number	AMOUNT
<b>TOTAL</b>		

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		<b>Greenery</b>	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**

