

TROOP 77

GRUBMASTER MEAL REIMBURSEMENT FORM

(Must be COMPLETED and SUBMITTED by the Patrol Grubmaster)
Attach Receipts to this Form to be Reimbursed

GRUBMASTER: _____

PATROL MEMBERS ON TRIP:

PATROL: _____

1 _____

8 _____

TRIP: _____

2 _____

9 _____

DATES: / / to / /

3 _____

10 _____

4 _____

11 _____

5 _____

12 _____

6 _____

13 _____

7 _____

14 _____

A: AMOUNT COLLECTED WITH TRIP SIGN-UP

PER PERSON AMOUNT DESIGNATED FOR THE TRIP: \$ _____

OF SCOUTS IN YOUR PATROL LISTED ABOVE: x _____

TOTAL COLLECTED: \$ (A)

B: AMOUNT SPENT (ATTACH RECEIPTS)

<u>STORE</u>	<u>AMOUNT</u>	<u>DESCRIPTION OF PURCHASE</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

TOTAL SPENT: \$ (B)

C: AMOUNT FOR REIMBURSEMENT

NAME CHECK IS TO BE MADE OUT TO (PAYEE): _____

ADDRESS OF PAYEE _____

If Total Collected (A) > Total Spent (B) then the Reimbursement will be for Total Spent (B), or
 If Total Spent (B) > Total Collected (A) then the Reimbursement will be for Total Collected (A): \$

If Total Spent (B) > Total Collected (A) then the additional costs to be recovered from the patrol members are (B) - (A) \$