**Example of a Service Unit Reimbursement / Payment Request Form**

This is an example form that service units can use for documenting payments from the service unit account. Service units should adapt this example as needed to meet their needs.

**Service Unit Reimbursement / Payment Request Form**

Submit completed form to the service unit treasurer within 14 days of event completion.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete this section for a reimbursement to an adult volunteer (e.g., troop leader, service unit team member).**

Attach itemized receipts and describe them below. Continue on the back if needed

|  |  |  |
| --- | --- | --- |
| **Store/Vendor** | **Receipt Amount** | **Reason (e.g., program supplies, instructor fee)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please make check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_\_

**Complete this section for a payment request to a third party.**

Please make check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_\_

Any additional instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach documentation (e.g., an invoice or price list) to support the amount requested.

*To be completed by service unit treasurer.*

Date paid: \_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_

Signature indicating service unit team approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_