

BSA TROOP 950 GRUBMASTER REIMBURSEMENT REQUEST

Please return completed form into the troop treasurer, within 14 days of the campout, for reimbursement.

Maximum grubmaster allowance is: \$6.00 per scout, per night (24 hour period)

Campout Name: _____ Date _____

Patrol _____

Total # Scouts Present _____ (List Scouts on Back)

The **maximum** food budget per scout is \$6.00 x _____ (total scouts) x _____ days = \$ _____

Actual Grubmaster expenses were: (receipts must be attached) total = \$ _____

With Patrol food group planning sheet signed by Scoutmaster

Amount Requested: Cash \$ _____ or Camping Credits \$ _____ = \$ _____

Make check or camp credits payable to: _____

Approved by _____, _____

Troop Treasurer

Scoutmaster

Received _____ Date _____ Paid _____

If you have purchased food please return this completed form with receipts and approved food group planning work sheet to the troop treasurer within 14 days to receive your reimbursement.

Thank you for your support and participation.



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With Patrol food group planning sheet signed by Scoutmaster

Amount Requested: Cash \$ _____ or Camping Credits \$ _____ = \$ _____

Make check or camp credits payable to: _____

Approved by _____, _____

Troop Treasurer

Scoutmaster

Thank you for your support and participation

Parent Received _____ Payment _____ Signed _____

Troop use:

Return this completed form with receipts, and the approved food group planning work sheet to the troop treasurer
With in 14 days to receive your reimbursement.

Received Patrol planning sheet _____

Received receipts for grub purchase _____ TM _____ Ex _____ TA _____ SA _____