

359 Perry Rd Ste B Bangor, ME 04401-6723

138 Gannett Dr South Portland, ME 04106

Signature:____

Check # _____ Date of Reimbursement: _____

Authorized by (Please Print):

Reimbursement Request To be completed by the administrative volunteer incurring the expense.

Attach receipts for all expenses.

Ormanie	Name:		
59 Perry Rd Ste B angor, ME 04401-6723		Position:	
38 Gannett Dr outh Portland, ME 04106	Address:	Address:	
88-922-4763 ustomercare@gsmaine.org irlscoutsofmaine.org	Make	reimbursement check payable to the above person. reimbursement check payable to (include address):	
	Date	of Request:	
Expenses	A_{i}	ll expenses must be pre-approved.	
Postage		\$	
Copies/Paper/Envelopes		\$	
Phone		\$	
Tokens of Appreciation		\$	
Other:		\$	
Other:		\$	
Other:		\$	
TOTAL:		\$	
FOR SERVICE UNIT T	REASURER/AUT	HORIZING PARTY ONLY:	