



**GSCCC**  
**Island View Service Unit**  
**EXPENSE REIMBURSEMENT REQUEST**

(Fill out a separate form for each event.)

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

	Purchase Date	Vendor / Store Name (Attach original receipts)	Description of Purchase	Purchase Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
<b>Total Requested</b>				

Position: ☐ Event Coordinator ☐ Troop Leader  
☐ Volunteer ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Troop #: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IVSU USE ONLY**

Date Request Received: \_\_\_\_\_

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**IVSU Approver:** ☐ IVSU Manager ☐ IVSU Treasurer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Payable To: \_\_\_\_\_

☐ Check given to \_\_\_\_\_ on \_\_\_\_\_

☐ Check mailed to \_\_\_\_\_ on \_\_\_\_\_