CROSSROADS SERVICE UNIT PAYMENT REQUEST

Request Date:_____ Name: _____**

** *Reimbursement **must be submitted WITHIN 3 WEEKS** after the event. **Must be accompanied by** a completed **Budget Planning Worksheet** (revised 8/2023). Email it to crsutreasurer@gmail.com*

Check written to (if different than requestor, ex:troop #)**: _____**

Zelle number:_____

Phone: _____ E-mail: _____

Address to mail check:_____

Event/Program:_____ Event Date:_____

Receipt Number	Category (see list below - needed for Quicken category)	Supplier/ Store	Amount
example: 1	food	Costco	29.85
example: 2	crafts	Michaels	13.53
example: 3	decorations	Michaels	6.97
		TOTAL AMOUNT	$

Revised 8/2023

*****REQUIRED***** Signature of Event Organizer or Event Treasurer

Sign here _____

Crossroads Payment Request Directions:

1. Download or Copy this template to fill in.
2. **Clearly** scanned documents/receipts are acceptable. If unclear, you may be asked to resubmit a receipt.
3. Complete one payment request per person or Troop.
4. Number your receipts.
5. One receipt per line.
6. If a receipt has 2 or more item categories, list each category on a separate line, with the amount of each category in the amount column.
7. **Categories needed for Quicken record keeping:** (Choose one per line) **CRAFT, DECORATION, ENTERTAINMENT, EQUIPMENT, FOOD, INSURANCE, OFFICE SUPPLIES, PATCHES/BADGES, PHOTOGRAPHY, PRINTING/COPIES, SITE, SUPPLIES, T-SHIRTS,** or **OTHER.**
8. Continue on back of form, if more lines are needed.
9. **The Event Organizer or Treasurer MUST SIGN the request form. An Electronic Signature is acceptable.**
10. **Email forms to crsutreasurer@gmail.com**