

APPLICATION FOR REIMBURSEMENT OR MATCHING FUNDS FOR SHIP:

DATE:_____SHIP: _____ COUNCIL: _____

	Name:			
	Mailing Address			
	City:	, Texa	as, Zip	
MAKE	CHECK PAYABLE TO:			
PLEASE LIST EXPENSES SUBMITTED FOR REIMBURSEMENT OR MATCHING FUNDS AND PROVIDE ATTACHED PROOF OF PAYMENT OR COSTS. SHOW TOTALS BELOW:				
	DESCRIPTION		AMOUNT	
		TOTAL	\$	
PLEASI	E DESCRIBE THE REQEST AS TO BENEFI	TS TO THE	PROGRAM OR YOUTH	
SIGN	ATURES:			
For rei	mbursement to a Texas Ship:	(Sigi	nature)	
Con	pper(NAME) nmittee Chair(NAME)	(Sigi	nature)	- -
	OVALS:			
FOT	SS	DATE	CHECK	_