## **CROSSROADS SERVICE UNIT PAYMENT REQUEST**

Request Date:			
Name:		Phone:	
Address:			
		e-mail:	
Event/Program:		Event Date:	
Receipt Number	Category (see list below)	Supplier/ Store	Amount
example receipt: 1	food	Costco	29.85
examplereceipt: 2	crafts	Michaels	13.53
example receipt: 2	decorations	Michaels	6.97
		TOTAL AMOUNT	\$
***REQUIRED***		For Bookeeping Use Only	7
Signature of Event Organizer or Event Treasurer		Date paid:	
o.batare or Event Orb	and of Event Headard	Date paid.	
		Check #:	

## **Crossroads Payment Request Directions:**

- 1. Complete one payment request per person or Troop.
- 2. Attach ORIGINAL RECEIPTS ONLY. Copies will NOT be accepted.
- 3. Number your receipts.

Sign here

- 4. One receipt per line. (Example receipt number 1)
- 5. If a receipt has 2 or more item catagories, list each category on a separate line, with the amount of each category in the amount column. (See example receipt number 2)
- 6. Catagories: (Choose One per line) CRAFT, DECORATION, ENTERTAINMENT, EQUIPMENT, FOOD, INSURANCE OFFICE SUPPLIES, PATCHES/BADGES, PHOTOGRAPHY, PRINTING/COPIES, SITE, SUPPLIES, T-SHIRTS, OTHER
- 7. Continue on back of form, if more lines are needed.
- 8. The Event Organizer or Treasuer MUST SIGN the request form