



**Boy Scouts of America**  
**Troop 175**  
**Peachtree City United Methodist Church**  
**400 Wingate Road**  
**Peachtree City, Georgia 30269**

# Request for Payment / Credit

(Use this form to be reimbursed or credited for expenses you made on behalf of the Troop)

**Date:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Total Amount:** \$ \_\_\_\_\_.

**Distribute As Follows:**

Check Payable To: \_\_\_\_\_ \$ \_\_\_\_\_.

Credit Scout Account: \_\_\_\_\_ \$ \_\_\_\_\_.

Credit Scout Account: \_\_\_\_\_ \$ \_\_\_\_\_.

Credit Family Account: \_\_\_\_\_ \$ \_\_\_\_\_.

Total: \$ \_\_\_\_\_.



(Please tape / staple receipts in this area)