

**Cub Scout Pack 17  
Wilton, Connecticut  
Reimbursement Submittal Form**

Date Submitted: \_\_\_\_\_

Leader's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Wilton, CT 06897

Den Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check One:  PACK Activity  DEN Activity

Event Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

***Please submit all receipts with this submittal form***

Submit requests to: Bob Lynn, 322 Olmstead Hill Road, Wilton, CT 06897.

*Note: Den leaders can submit up to \$2 per scout per month to cover some of their DEN MEETING expense.  
DO NOT HOLD OR ACCUMULATE EXPENSES OVER ONE MONTH!*

Any questions: Contact Bob Lynn at (203) 834-1964 or blynn322@optonline.net.

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**(OFFICE USE ONLY)**

Check Number: \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

Date of Reimbursement: \_\_\_\_\_

Expense Category: \_\_\_\_\_