



P A T R O L

PATROL  
NAME:

\_\_\_\_\_

LETTER:

\_\_\_\_\_

# Invoice (Damaged or missing gear)

Scout Name:

Today's Date

Scouting Event:

Event Date

\$

Damaged or missing item:

Replacement Cost

NOTE:

Payment Due Date

PAID AMOUNT:

Date/Treasurer's Initials

## SCOUT PAYMENT RESPONSIBILITY

Scout's Signature

Quartermaster's Signature

**NOTE:** Payment must be made with-in two troop meetings. If payment is not recieved by the due date the amount owed will be deducted directly from the scout account of the individual held responsible for the damaged or missing item(s).



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