

(P A T	R O	L `
PATROL NAME:			LETTER:
			,

Invoice (Damaged or missing gear)

Scout Name:	Today's Date
Scouting Event:	Event Date
	\$
Damanaged 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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SCOUT PAYMENT RESPONSIBILITY

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