

Chester County Council Boy Scouts of America

CREW#: _____ TROOP#: _____ PACK#: _____

DATE: _____

LETTER OF AUTHORIZATION

We authorize the following individuals to make purchases using the unit account.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OUR TREASURER IS:

NAME: _____

ADDRESS: _____

PHONE: (H) _____

(B) _____

E-MAIL: _____

SIGNED: _____ POSITION: _____

(SHOULD BE THE COMMITTEE CHAIR, CUBMASTER/SCOUTMASTER/ADVISOR OR TREASURER)