

**Cradle of Liberty Council**  
**2015 Philmont Contingent Payment Detail Form**

Philmont Crew Number: \_\_\_\_\_ Lead Advisor Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Payment For: \_\_\_ Entire Crew, distributed evenly \_\_\_ Individual Participants or Uneven Distribution

If Payment for Individuals or uneven distribution of funds, please list names & amounts below:

<u>Name</u>	<u>Amount</u>

Payment Date: \_\_\_ May 2014 \_\_\_ June 2014 \_\_\_ August 2014 \_\_\_ October 2014  
 \_\_\_ December 2014 \_\_\_ February 2015 \_\_\_ March 2015

Total Payment Amount Enclosed: \$ \_\_\_\_\_