



Expense Reimbursement / Check Request Form

Make check payable to:

Submitted By:

_____ Mailed _____ Hand Delivered

Expense Date	Item Description	Amount	Committee / Event
Total		<input style="width: 100%;" type="text"/>	

Notes:

Please attach all original receipts and submit with completed form
Keep copy of form and receipts for your records

Requester's Signature _____

COMPLETED FORM AND RECEIPTS MUST BE FORWARDED TO LODGE FINANCE ADVISER ~ NO EXCEPTIONS, PLEASE!!!