



Egwa Tawa Dee

Request for Chapter Expense Reimbursement

Revised March 2017

Payee: _____ Check Amount: \$ _____

Address: _____ City/St/Zip: _____

Please Note: All check requests must have a mailing address before processing

Check is reimbursement for _____ Chapter Expenses (Charge to Acct. #2371)

Number of Receipts Attached _____ (Must be Original Receipts) List Attached Receipts Below

<u>Receipt Date</u>	<u>Receipt Amt./Reimbursement amt.</u>	<u>Reason for Expense</u>
_____	\$ _____ \$ _____	_____
_____	\$ _____ \$ _____	_____
_____	\$ _____ \$ _____	_____
_____	\$ _____ \$ _____	_____
_____	\$ _____ \$ _____	_____
_____	\$ _____ \$ _____	_____

Attach additional page as needed to submit receipts

****Approvals:** *****

Reimbursement requested by Date

Chapter Chief Date

Chapter Advisor Date

Lodge Treasurer Date

*****Do Not Write Within Box. For Administrative Use Only*****

<u>Event/Year Round</u>	<u>Sub Category</u>	<u>Explanation</u>
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Lodge Adviser Approval

Council Approval

** Note the Last Day to turn in Expense Form is Winter Banquet **