Egwa Tawa Dee

Request for Lodge Expense Reimbursement

Payee: _____ Amount: $_____

Address: _____

_____

City/St/Zip _____

Please note: All Checks must have an address before processing

Charge to Account No:

Check is Payment for _____ Expenses

Number of Receipts Attached _____ (Note: Must be Original Receipts)

Purpose of expense: *Please explain how spending this money benefits the Lodge*.

_____

_____

_____

Approvals:

_____

Requested By Date

_____

VC Finance Date

Council Approval

_____