



Lodge Expense Form

<p>Order of the Arrow Lodge 339 Expense Report Guidelines</p> <ol style="list-style-type: none"> 1 Expense report must be completed for all disbursements of funds from the Lodge Treasury. 2 Form must be submitted prior to obtaining a PO number or contacting a vendor for supplies. 3 To validate your claim, please submit proof of transactions. ALWAYS OBTAIN RECEIPTS, then attach them to your expense form when you submit it. 4 Feel free to batch your expense claims, please subtotal expenses by event. 	For Office Use Only
	Check number: _____
	Amount: \$ _____
	Check date: _____
	Date Input - Date Sent _____ _____

<p>I am requesting (check one):</p> <p>Reimbursement <input type="checkbox"/> of expenses incurred</p> <p>Vendor Check <input type="checkbox"/> for a lodge vendor</p> <p>P. O. Number <input type="checkbox"/> for anticipated expenses</p> <p>Other <input type="checkbox"/> describe below _____</p>	<p>Check to be sent to:</p> <p>⇒ _____ Lodge Member or Vendor</p> <p>⇒ _____ Street Address</p> <p>⇒ _____ City, State, Zip</p>
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Describe Event(s) & Expense Purpose	Receipt Amount(s)

<p>If questions arise, contact me at:</p> <p>⇒ _____ phone # email</p>	<p>Receipt Total \$ _____ -</p> <p>Payment direct to vendor \$ _____</p> <p>Grand Total \$ _____ -</p>
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*** Signature from at least 2 of the Lodge Key 3 required:**

_____ _____ _____
 Lodge Chief Lodge Staff Advisor Lodge Advisor

I provide that all expenses or advanced funds claimed are in support of the approved activities of OA Lodge 339 in Batavia, NY
I understand that advanced funds must be supported by receipts, or be subject to reimbursement to the OA Lodge 339 treasury.
I also understand that if this form is not properly signed, submitted, and approved, the expense will not be paid.

_____ _____ _____
 PRINT Name Signature Date

Note: ATTACH ALL ORIGINAL RECEIPTS