

Colonneh Lodge 137 Order of the Arrow Expense Voucher

Fund: _____

Date: _____

Bank: _____

Due Date: _____

To request reimbursement: Complete this section, attach the receipt(s), and submit this form to the lodge staff adviser.

Make check payable to: _____

Address: _____

City/State/Zip: _____

Vendor No.

Amount of check: _____

Mail Give check to: _____

Chapter or Event: _____

Explanation: _____

Account Number

Amount

Request by: _____

Approved by: _____

Title: _____

Lodge Profession Staff Adviser

Submit to Brett Lee at council office within two weeks of the event.