



PRAIRIE THUNDER LODGE

ORDER OF THE ARROW

Lodge Expense Reimbursement Form

Full Name: _____

Date: ____/____/____

Reason for Expense: _____

Expense Amount: \$_____

Send Reimbursement to (Name): _____

Address: _____

Phone #: (____) ____-____

Email: _____

☐

By checking this box, I authorize reimbursement to be made by e-check sent to the email address listed above.

Requestor Signature: _____

Date: ____/____/____

Attach receipts showing goods or services purchased. Photocopies of original receipts are also acceptable. (Line out any personal items purchased at the same time.)

Please also provide signatures of a Lodge or Chapter Officer and his or her Adviser (Attaching an email message from a Chapter or Lodge Officer or Adviser specifically approving this expense is an acceptable substitute for a written signature).

Approved by: _____,

Title: _____

Approved by: _____,

Title: _____

Staff Adviser Approval: _____,

Date: ____/____/____

Received in Office: ____/____/____

Reimbursement Distributed: ____/____/____