



## Wahissa Lodge 118 Expense Reimbursement Form

This form must accompany all requests for reimbursement made through Wahissa Lodge. No compensation will be provided otherwise. All expenses must be approved by a Key 3 member prior to disbursement of funds.

Issue Payment to:		
Name:	Date:	
Street:		
City:	State/ZIP:	
Description of Expense:	Amount:	
	Total:	
Charge to (fill in O):		
<input type="radio"/> - LLD	<input type="radio"/> - March Workday	<input type="radio"/> - Conclave
<input type="radio"/> - Spring Fellowship	<input type="radio"/> - NOAC	<input type="radio"/> - Ordeal
<input type="radio"/> - Vigil	<input type="radio"/> - Fall Fellowship	<input type="radio"/> - Parent Son
<input type="radio"/> - Feather Fest	<input type="radio"/> - Banquet	<input type="radio"/> - LOTS
<input type="radio"/> Lodge Office: _____	<input type="radio"/> Committee: _____	
<input type="radio"/> Chapter: _____	Other: _____	
Key 3 Approval		
I authorize the payment of the above total amount to said member, to be debited against the above cost center and committee (if applicable).		
Authorized by (print):	Date:	
Authorization (signature):		
Official Use Only		
Status: <input type="checkbox"/> Paid (Cash) <input type="checkbox"/> Paid (Council issued check) <input type="checkbox"/> Rejected	Total Amount:	
Reimbursed by:	Invoice No.:	