

Wahissa Lodge #118, Order of the Arrow Reimbursement Form

This form must accompany all requests for reimbursement made through Wahissa Lodge #118. No compensation will be provided otherwise. All expenses must be approved by a Key 3 member (Lodge Chief, Adviser, or Staff Adviser) and the Vice-Chief of Finance (VCF). The purchase receipt must be attached to this form in order to be accepted.

| INDIVIDUAL TO REIMBURSE | | | | |
|---|------------|---------------|-------------------------|-----------|
| Name: Date: | | | | |
| Street: | | | | |
| City: State: | | | | Zip Code: |
| Description of Expense | | | | Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | TOTAL: |
| ACCOUNT TO CHARGE (fill in O) | | | | |
| O - March Workday | O - NOAC | | O - Fall Fellowship | |
| O - Conclave | O - Ordeal | | O - Parent-Son Camporee | |
| O - Spring Fellowship | O - Vigil | | O-LOTS | |
| O - Lodge Officer: O - Committee | | | | |
| O - Chapter: O - Other: | | | | |
| KEY 3 & VCF APPROVAL | | | | |
| I authorize the payment of the above total amount to the stated individual to be debited against the above cost center: | | | | |
| KEY 3 Authorization (print): | | | | _ |
| KEY 3 Authorization (signature): | | | | Date: |
| VCF Authorization (print): | | | | |
| VCF Authorization (signature): | | | | Date: |
| voi Authorization (signature). | | | | |
| OFFICIAL USE ONLY | | | | |
| Status: O - Paid (Cash) O - Paid (Council issued check) O - Rejected | | Total Amount: | | |
| Reimbursed by: | | | Invoice No: | |