

**Lodge Expenditure Form
Order of the Arrow Funds**

Name: _____

Date: _____

Phone Number: _____

Address:

<u>Circle One</u>
Budgeted
Unbudgeted
Over Budget

The receipt(s) are submitted for reimbursement for:

Amount: _____

Lodge Meeting Approval Date: _____

Budget Section: _____

Finance Committee

Accounted for on: _____

Signatures of Two Key Five Members

X _____ Date: _____ Position _____

X _____ Date: _____ Position _____

Staple all receipts to this form.

			IF UNBUDGETED	
<u>Date</u>	<u>Expense</u>	<u>Amount</u>	<u>Budgeted</u>	<u>Difference</u>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
		Total		