

REIMBURSEMENT REQUEST

Please indicate whether the reimbursement request is for either:

☐ Washington Lodge 3-428 or ☐ Norway House Cultural Center

From: _____

Date Submitted: _____ Paid: _____ Check No.: _____

Are all receipts attached? If not, please explain: _____

1. Description/Purpose: _____
Date of Purchase on Receipt: _____ Amount: _____
2. Description/Purpose: _____
Date of Purchase on Receipt: _____ Amount: _____
3. Description/Purpose: _____
Date of Purchase on Receipt: _____ Amount: _____
4. Description/Purpose: _____
Date of Purchase on Receipt: _____ Amount: _____
5. Description/Purpose: _____
Date of Purchase on Receipt: _____ Amount: _____
6. Description/Purpose: _____
Date of Purchase on Receipt: _____ Amount: _____
7. Description/Purpose: _____
Date of Purchase on Receipt: _____ Amount: _____
8. Description/Purpose: _____
Date of Purchase on Receipt: _____ Amount: _____
9. Description/Purpose: _____
Date of Purchase on Receipt: _____ Amount: _____
10. Description/Purpose: _____
Date of Purchase on Receipt: _____ Amount: _____