

ANCIENT EGYPTIAN ARABIC ORDER NOBLES MYSTIC SHRINE
CHECK REQUEST FORM



DATE: _____
 PAYEE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PURPOSE: _____
 COMMENTS: _____

**Itemize all expenses to be reimbursed by this payment order.
 **** RECEIPTS MUST BE ATTACHED TO FORM ******

EXPENSE ITEMS	AMOUNT
FOOD ALLOWANCE - <u>\$65.00</u> X _____ DAYS	\$ _____
AIRLINE TICKET (copy attached) _____	\$ _____
AUTOMOBILE - <u>\$0.50</u> X _____ MILES	\$ _____
TIPS _____	\$ _____
PARKING & TOLLS _____	\$ _____
LOCAL TRANSPORTATION _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL DISBURSEMENT \$ _____	

Requested by: _____
 Reviewed by: _____
 PAYMENT APPROVED: _____
 Date Paid: _____ Amount \$ _____
 Checking Account: _____ Check Number: _____