

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>\$0.67</u> X _____ MILES	\$ _____
TIPS _____	\$ _____
PARKING & TOLLS _____	\$ _____
LOCAL TRANSPORTATION _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL DISBURSEMENT	\$ _____

Requested by: _____

Reviewed by: _____

PAYMENT APPROVED: _____

Date Paid: _____ Amount \$ _____

Checking Account: _____ Check Number: _____