

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>\$0.70</u> X _____ MILES	\$ _____
TIPS _____	\$ _____
PARKING & TOLLS _____	\$ _____
LOCAL TRANSPORTATION _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL DISBURSEMENT ..... \$ _____	

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