

Grand Chapter Royal Arch Masons of Iowa

REQUEST FOR REIMBURSEMENT

Request Date: _____

All receipts except mileage must be attached, to receive compensation.

Name: _____

Add: _____

City: _____ State: _____ Zip: _____

Title / Position _____

Event / Reason: _____

Travel Dates: _____

Location: _____

Acct. to Charge _____

TRAVEL EXPENSES

Hotel \$ _____

Meals \$ _____

Registration \$ _____

Miles Driven _____ Miles x 0.21 = \$ _____

Or Transportation \$ _____

Other Explain _____ \$ _____

Total Travel Reimbursement Request \$ _____

EXPENSE VOUCHER

Purchase Date	Expense Item	Authorized	Cost Center	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Expense Reimbursement Request				\$ _____

Signature Date

Grand High Priest Approval Date

Mail with receipts to:
Stephen G. Libby, Grand High Priest
1329 Sierra Dr. NE Apt. 1
Cedar Rapids, IA 52402-6537