Local Lodge 2198 Voucher (request for payment)

Name:

Address:

City, state, zip:



Voucher/Check #___

)

Phone Number: (

Email:

Day	Date	Hours	Rate	Total	Per Diem
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
	Totals:				

Reason for lost time/Per diem:

Miscellaneous Expenses (original Receipts Required):				
Amount:				
Total:				
Approved by:	Trustee:			
Recording Secretary:	Trustee:	Trustee:		

President:

All signers above attest that all expenses have been properly approved for payment by the membership of Local Lodge 2198 and all required supporting receipts are attached. If at any time it is discovered the request for payment has not been approved by the membership of supporting documents are not available the recipient must repay the amount in question within 7-days of such request