Colonneh Lodge 137
Order of the Arrow
Expense Voucher

Program Area or Event _____

Chapter _____

Name_____ **Date** _____

Address _____

City, State _____ **Zip** _____

Home Phone _____ **Work Phone** _____

E-mail _____

Items Purchased	**Cost**	**Receipt (y/n)**

Total Reimbursement **$**_____

Value of items donated $ _____ **Approved by** _____

Note: If no receipt, attach a written explanation.

Texas state sales tax is not a reimbursable expense to you, please use our Texas Sales Tax Exemption Organization Certificate # 30000985694 when making purchases, a copy is attached, make copies as you need.