



Draw Check - Enda Lechauhanne Lodge # 57

DATE OF REQUEST _____ AMOUNT \$ _____

RETURN CHECK TO _____

OR

MAIL CHECK DIRECT:

NAME: _____

ADDRESS: _____

THIS CHECK IS PAYMENT FOR: (LIST ITEMS OR SERVICES RECEIVED):

RECEIPTS ATTACHED: YES NO – REASON? _____
(IF APPLICABLE)

PLEASE SEE THE REVERSE SIDE FOR ACCOUNT DESCRIPTION

CHARGE ACCOUNT: _____ AMOUNT \$ _____

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CHARGE ACCOUNT: _____ AMOUNT \$ _____

CHARGE ACCOUNT: _____ AMOUNT \$ _____

SIGNED: _____ DATE _____

APPROVED: _____ DATE _____

DATE REQUEST RECEIVED IN OFFICE _____

**FOR ACCOUNTING
DEPARTMENT USE
ONLY**

FOOTED: _____ CROSSFOOTED: _____

DUE DATE: _____



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ACCOUNT**NEW DESCRIPTION**

1-2371- _____ -00



000	General
995	Operating Account
996	Lodge Activities
997	Ceremonial / Service Weekends
998	Enda Traders
999	OA Section & National Activities

*If you are unsure which accounts to charge please contact:
Dan Lindh at 412-325-7964 or Joe Elwell at 412-779-2334

*As stated above these accounts are new, please disregard any old account descriptions.

Reimbursement Guidelines

Reimbursements submitted by 12:00PM Monday will be processed and mailed by Friday of the same week. Reimbursements submitted later than 12:00PM Monday will be processed and mailed by Friday of the following week.

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