

**Southern Region
Section 8**

Order of the Arrow

Request for Reimbursement or Payment

PO Number

Pay to: Name: _____
 Address: _____
 City, State, Zip _____

Reason for Payment: _____

Event or Activity: _____

Event or Activity Date: _____

Account Code 25083-0010

Receipt Number	Vendor	Expenditure Description	Amount		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
<table border="1" style="float: right; margin-right: 20px;"> <tr> <td style="text-align: right;">Total</td> <td style="text-align: center;">\$</td> </tr> </table>			Total	\$	
Total	\$				

Requested By: _____

Accounting Code 25083-0010

Total	\$
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Requestor

Event/Activity Adviser Approval

Date

Attach Receipts or Other Documentation to all Payment Requests
(Mail two copies to Section Adviser and keep a copy for your records)

Payment approval:

Date

Section Adviser

Date

Section Staff Adviser

Check Number or Cash Received By: _____