

Occoneechee Lodge Expense Reimbursement Form

	Request	
This form must accompany all requests for reimly provided otherwise. All expenses must be approprior to disbursement of funds.		
Name:	Date:	
Traine.	Date.	
Description of Expense:		Amount:
		Total:
Authorized by (arist).	Key 11 Approval	
Authorized by (print):		
Cost center: Administration Programs Communication Finance Other (Key 3 only)		nmittee (optional):
I authorize the payment of the above total amou committee (if applicable).		ainst the above cost center and
Authorization (signature):	Date:	
	Official Use Only	
Status: ☐ Paid (Cash) ☐ Paid (Council issued check) ☐ Rejected	Total Amount:	
Reimbursed by:	Invoice No.:	