# Grand Lodge Expense Reimbursement Request

Payable To: _____ Committee: _____

Address: _____ Date: _____

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** If requesting mileage reimbursement, please list total miles in mileage column . Grand Lodge will calculate amount based on current reimbursement rate.

| Date | Description | Lodging | Transport | Events | Meals | Mileage | Misc. | Total |
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| | | | | | | | **Total Requested:** | |

v031516

_____
Committee Chair Approval Signature

_____
Print Name and Title

_____
Approved by Grand Secretary, Clinton M. Brown, Jr.