

The Grand Holy Royal Arch Chapter of Pennsylvania

ITEMIZED EXPENSE STATEMENT

Name _____ Title _____ Date _____

Date and Reason for Expense							
** Reimbursable Expenses **							
Auto Mileage @ 0.xx per mile							
Tolls and Parking Expense							
Hotel and Motel Expense							
Meals							
Other Means of Transportation							
** Enter Miscellaneous Expenses Here (Explain expenses on reverse)							
Totals							

The following regulations govern expense accounts and must be observed.

- All expense reimbursement statements must be sent to the Grand Secretary quarterly.
- Auto reimbursement is \$.xx per mile. A receipted bill (single rate) for overnight accommodations when necessary and tolls and parking expenses must be submitted. Other methods of transportation will be reimbursed using the actual cost of rail or air or the auto reimbursement rate, whichever is less.
- Grand Officers, Past Grand High Priests, District Deputy Grand High Priests, Grand Appointed Officers, and others traveling in the interest of the Grand Chapter upon the request by the Most Excellent Grand High Priest are eligible for reimbursement of covered expenses.

I hereby certify that this statement is correct: Signature _____ Date _____

PLEASE CASH YOUR EXPENSE REIMBURSEMENT CHECK PROMPTLY