



**PORTAGE LODGE 619  
ORDER OF THE ARROW  
HEART OF OHIO COUNCIL**



## **LODGE REIMBURSEMENT FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Project: \_\_\_\_\_

\_\_\_\_\_

Reimbursement Total: \$ \_\_\_\_\_

LEC Approval Date: \_\_\_\_\_

\_\_\_\_\_  
Officer/Advisor Signature

\_\_\_\_\_  
Professional Advisor Signature

Council Check Request Attached

LEC Minutes Attached

Approved per Lodge Budget

ATTACH RECEIPT HERE