

SUPREME FOREST  
TALL CEDARS OF LEBANON  
OF NORTH AMERICA

BUSINESS EXPENSE REPORT  
EXPENSES TO BE SUBMITTED  
WITHIN 60 DAYS OF EVENT

EXECUTIVE OFFICES  
2609 NORTH FRONT ST.  
HARRISBURG, PA 17110

NAME			TITLE	
ADDRESS		CITY	STATE	ZIP
Date				Totals
Purpose of Expenditure				
Cities of Forests visited				
Personal Auto Mileage				
			Total \$ (mileage X \$ .20)	\$
Lodging (Attach Receipts) (\$30/Night)				\$
Personal Meals/w receipts Breasfast/\$2.50, Lunch/\$3 Dinner/\$6.50)				
Telephone (Attach Invoice)				\$
			Total of Other (show details below)	\$
			Total Allowable expenses incurred	\$
LIST BELOW DETAILS AS REQUIRED ABOVE				
DATE	DESCRIPTION			AMOUNT

I certify that the expenses shown above amounting to: \_\_\_\_\_ Dollars

were incurred for the benefit & the interest of the Supreme Forest and/or the Tall Cedar Foundation.

\_\_\_\_\_  
Member's Signature Date

\_\_\_\_\_  
Committee Chairman Approved

\_\_\_\_\_  
Supreme Scribe Audited

\_\_\_\_\_  
Regional Director Approved