



Atta Kulla Kulla
 Order of the Arrow Lodge #185
 Blue Ridge Council

PAYMENT REQUEST

Date: _____

Vendor Name and Mailing Address			Requestor Name and Mailing Address		
Name			Name		
Street or Other Mailing Address			Street or Other Mailing Address		
City	State	Zip	City	State	Zip
Address check to			Amount Requested		

- Mail check direct to vendor
- Mail check to requestor
- Hold check at front desk for pick-up

Reason for payment:

Instructions:

- Use one request per check
- Fill out form as completely as possible
- If available, attach supporting invoices or proposals to this form
- Please submit this form at least (1) month in advance to any member of the Lodge Key-3

Required Signatures

(Required 2/3)

 Lodge Chief

 Lodge Adviser

 Lodge Staff Adviser