



Section C4A Expense Policy

Section C4A will reimburse the elected officers for reasonable and customary expenses. All other arrowman with conclave expenses must submit them at the Conclave Business Meeting. All requests for reimbursement must include the receipt and be submitted to the Section Advisor using the form on the reverse side of this policy. The Section Advisor will review and approve and forward to the Section Staff Advisor for payment from the section account. You will receive a check in the mail.

The Section will purchase the Section Chief's airline ticket and conference fee for the National Order of the Arrow Planning Meeting at the end of December.

The Order of the Arrow Central Region conducts a Section Officer Seminar, usually in early December. All officers are expected to attend. The section will arrange transportation for the elected officers and section advisors to attend.

Items which can be reimbursed include:

- Actual gasoline purchases for travel to C4A lodge events
- USPS Postage Stamps and envelopes
- Copies
- Actual telephone records. If you think you will be making a volume of telephone calls, we will purchase a telephone calling card for you.
- Cost of attending Section C4A lodge events

Items that will NOT be reimbursed.

- No reimbursement will be made of any events at your own lodge.
- Meals or food purchases without *prior* authorization from the Section Advisor.
- No uniform or clothing allowance.
- No travel other than personal vehicle will be reimbursed.
- Conclave program items must be reimbursed from the conclave budget and submitted to the Conclave Business meeting.

Expenses reimbursement requests should be completed as the expense is occurred or throughout the officers term of office. Do not wait till the last minute to submit.

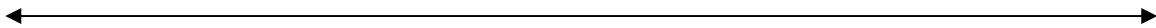
Deadline for turning in requests for reimbursement is the Section Conclave Business meeting. This is held on Sunday morning of the annual conclave. No reimbursements will be accepted after this time.



Section C4A Reimbursement Expense Form

Date:	___/___/___				
Name:	_____				
Street:	_____				
City:	_____	St:	___	Zip:	_____
Telephone:	(___) ___ - _____				
Email:	_____				

Receipt explanation	Amount
1. _____	\$ _____.
2. _____	\$ _____.
3. _____	\$ _____.
Total	\$ _____.



Attach receipts (with items circled) to this form.
Submit to Section Advisor, Ray Czech, P.O. Box 670172, Northfield, OH 44067