

**CLAIM FORM APPLICATION
 COMMITTEE FOR THE DISABLED**

Chairperson:

Nate Levenhagen
 223 Twin Oak Drive
 Altoona, WI 54720.
 715-651-3949
natelevenhagen@gmail.com

Vice chairperson:

Don Putnam
 1960 21 7/8 Street
 Rice Lake, WI 54868
 715-651-4679

Lodge No. _____ Lodge Name _____ Date _____

Local Lodge Contact _____ Address _____

Claim or Activity (provide a descriptions of the claim, including the total dollar amount. Attach extra page if needed.)

Attach a copy of the cleared check to confirm expenditure.

Is Local Lodge Handling case alone? _____ Are other agencies assisting? _____
 Explain _____

GUIDELINES FOR PAYMENT AND FILING CLAIMS

1. All claims and supporting documentation for committee's consideration should be in the Chairperson's hand two weeks before the meeting (Please submit Two Copies of all mailed paperwork). E-mail attachments are welcome.
2. Lodge claims for projects involving a specific entity or person will be paid at a rate of 50% up to \$1,000 per project. Claims not going to a specific person or entity will be one per budget year.
3. A Lodge Representative from the submitting lodge must present the application during the Committee For The Disabled meeting.
4. All claims must be current year and received no later than Mid-Winter conference; the last meeting of the budget year.
5. Claims received for the Mid-Winter conference will take preference over any claims submitted by any lodge that has received more than 25% of the committees' total budget.
6. No claims for funding going for research of diseases. Example: cancer, heart, or aids.
7. No claims for transportation, food or clothing for volunteers.
8. Lodge cannot profit from any activities sponsored by their lodge. However, cost of goods can be submitted. Example: food and beverage.
9. Lodge are to investigate the worthiness of the project and fund the project before filing a claim. All claims must be accompanied with proof of payment.
10. Each lodge is allowed to submit one campership claim per year. Should funds remain at the end of the budget year, they may be allocated to outstanding camperships by equal payment up to the maximum allowable.

COMMITTEE'S REPORT

Case Number: _____ Approved _____ Disapproved _____ Amount of reimbursement _____
 Date received: _____ Date completed: _____
 Remarks: _____

Date:

Signed:

3/1/2018

WEA_CommitteeForTheDisabled_ClaimApplication_RevB.xls