

Order of the Arrow
Tiwahe Lodge

CHAPTER ORDEAL REPORT	
Chapter:	Ordeal Date:
Ordeal Location:	

Service Report

(work projects completed summary; attached OA LodgeMaster Service Report)

Number of Candidates Inducted: _____ Work Hours Completed: _____

Number of Elangomats: _____ Work Hours Completed: _____

Number of Arrowmen: _____ Work Hours Completed: _____

Ceremony Team Members

Pre-Ordeal	Ordeal	Brotherhood
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Elangomat Report (or attach OA LodgeMaster Report)

Were Elangomats used? Yes / No Number of Elangomats: _____

1. _____	5. _____	9. _____
2. _____	6. _____	10. _____
3. _____	7. _____	11. _____
4. _____	8. _____	12. _____

Brotherhood Report (or attach OA LodgeMaster Report)

Was a Brotherhood Ceremony held? Yes / No Number completing Brotherhood: _____

1.	7.	13.
2.	8.	14.
3.	9.	15.
4.	10.	16.
5.	11.	17.
6.	12.	18.

Names of Ordeal Inductees (or attach OA LodgeMaster Report)

1.	21.	41.
2.	22.	42.
3.	23.	43.
4.	24.	44.
5.	25.	45.
6.	26.	46.
7.	27.	47.
8.	28.	48.
9.	29.	49.
10.	30.	50.
11.	31.	51.
12.	32.	52.
13.	33.	53.
14.	34.	54.
15.	35.	55.
16.	36.	56.
17.	37.	57.
18.	38.	58.
19.	39.	59.
20.	40.	60.

Expenses (Submit ORIGINAL receipts for all expenses)

Expenses

Food Expense

	Charge		Number		Total
Candidate Food	_____	X	_____	=	\$ _____
Elangomat Food	_____	X	_____	=	\$ _____
Member Food	_____	X	_____	=	\$ _____
Subtotal Food Expense					\$ _____

Ordeal Supply Expense

_____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal Supply Expense	\$ _____

Total Expenses

\$ _____

Income

Food Expense

	Allocation		Number		Total
Candidate Food	\$8.50	X	_____	=	\$ _____
Elangomat Food	\$8.50	X	_____	=	\$ _____
Member Food	_____	X	_____	=	\$ _____
Subtotal Food Income					\$ _____

Ordeal Supply/Other Allocation

	Allocation		Number		Total
Candidates	\$0.75	X	_____	=	\$ _____
Subtotal Ordeal Supply Income					\$ _____

Total Income

\$ _____

Net Profit / (Loss)

\$ _____

Check Requests
(Please print clearly)

Original receipts are required for all expenses!

Name: _____

Address: _____

E-mail: _____

Amount: _____

Reimbursement for: _____

Name: _____

Address: _____

E-mail: _____

Amount: _____

Reimbursement for: _____

Name: _____

Address: _____

E-mail: _____

Amount: _____

Reimbursement for: _____
