Alberta Elks Foundation

Expense Claim

Name

Position

Address **Postal Code**

Date of Visit **Place Visited**

Occasion for Visit

Expense Description	Amount	Rate	Total	GST
Total Kilometers Travelled (Round Trip)		0.30		
		Totals		

Signature

Reviewed By **Approved By**

Date Paid **Cheque Number**

Alberta Elks Foundation * Box 445 * Bentley AB T0C 0J0 *

Phone 403.748.4922 * Email: albertaelksfoundation@shaw.ca