



# ALBERTA ELKS ASSOCIATION

## OFFICER TRAVEL EXPENSE FORM

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Name of Officer & Position

Mailing Address

Date of Visit

Place Visited

Occasion

### Expenses

Mileage: Total Kilometers @ \$.30/km = \$

Hotel Room Cost (attached receipt) \$

Meals (receipts required) \$

Other Expense (specify) \$

**Total Expenses** \$

Signed

Approved

**Please forward to Secretary-Treasurer immediately after visit.**

**Box 445**

**Bentley AB T0C 0J0**

Cheque No.

Date Paid