



DISTRICT DEPUTY EXPENSE FORM

ALBERTA ELKS ASSOCIATION



Name: _____ Date: _____

_____ District No. _____

Cheque to be sent to following address: _____

_____ P.C. _____

Please one of the following:

Official Visit to _____ Lodge No. _____ Date of visit: _____
(District Deputy Report to be attached)

District Meeting *(Copy of minutes to be attached)* Provincial Conference

Other (please specify) _____

Please note that if you have not included the required reports as indicated above expenses will be held for payment until such time as these reports are received.

Transportation: _____ Kms. X \$0.30/km	\$	
Hotels: (Attach bills)	\$	
Meals: (Attach bills)	\$	
Postage:	\$	
Printing/Stationery/Office:	\$	
Telephone:	\$	
Other: (Please specify)	\$	
TOTAL	\$	

Signature of District Deputy _____

Revised 10/21

<p>For Office Use Only:</p> <p>Report Rec'd with expenses: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date Rec'd if not with expenses: _____</p> <p style="text-align: center;">Cheque No. _____</p>	<p style="text-align: center;">Payment Authorization</p> <p>1) Prov: _____</p> <p>2) Acctg: _____</p> <p style="text-align: center;">Date Sent _____</p>
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