Alberta Elks Foundation

Expense Claim

Name _____

Position _____

Mailing Address _____

Postal Code _____

Date _____ **Place Visited** _____

Reason for Visit _____

Expense Description	Amount	Rate	Total	GST
Total Kilometers Travelled (Round Trip)		0.47		
		Totals		

Signature _____

Reviewed By _____ **Approved By** _____

Date Paid _____ **Cheque Number** _____