



# 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 <b>\$0.45/km</b>	\$	
Hotels: (Attach bills)	\$	
Meals: (Attach bills)	\$	
Postage:	\$	
Printing/Stationery/Office:	\$	
Telephone:	\$	
Other: (Please specify)	\$	
<b>TOTAL</b>	<b>\$</b>	

Signature of District Deputy \_\_\_\_\_

Revised 10/22

<p><b>For Office Use Only:</b></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;"><b>Payment Authorization</b></p> <p>1) Prov: _____</p> <p>2) Acctg: _____</p> <p style="text-align: center;">Date Sent _____</p>
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