



OFFICER EXPENSE FORM

ALBERTA ELKS ASSOCIATION



Name: _____ Date: _____

Cheque to be sent to following address: _____

_____ P.C. _____

Expenses for _____

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

Transportation: _____ Kms. X \$0.45/km	\$	
Hotels: (Attach bills)	\$	
Meals: (Attach bills)	\$	
Postage:	\$	
Printing/Stationery/Office:	\$	
Telephone:	\$	
Other: (Please specify)	\$	
TOTAL	\$	

Signature of Officer _____

Revised 10/22

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