



# OFFICER EXPENSE FORM

## ALBERTA ELKS ASSOCIATION



Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-Transfer to \_\_\_\_\_

Cheque to be sent to following address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Expenses for \_\_\_\_\_

\_\_\_\_\_

**Must be submitted within thirty (30) days of the function.**

Transportation:                      Kms. X <b>\$0.45/km</b>	\$	
Hotel	\$	
Breakfast (up to \$15 if not included at hotel; departure for travel is 7:00 am or earlier)	\$	
Lunch (up to \$15 – departure is 12:00 pm or earlier OR arrival home is 1:00 pm or later)	\$	
Dinner (up to \$45 – departure is 6:00 pm or earlier OR arrival time is 7:00 pm or later)	\$	
NOTE: Receipts for meals MUST be submitted and cover only the cost of food and non-alcohol beverages. Meals provided by the host (hotel, lodges, etc.) are not claimable. Payment will be held until such time as receipts have been provided.		
<b>TOTAL</b>	<b>\$</b>	

Signature of Officer \_\_\_\_\_

Receipts received with expenses	Yes _____	No _____
Payment Made via Cheque No. _____	E-Transfer _____	
(Revised February 1, 2023)		