

Alberta Elks Foundation

Expense Claim

Name: _____ **Date:** _____

Position: _____ **Reason:** _____

Mailing Address: _____
 (Include postal code)

Etransfer to: _____

Expense Description (include receipts if applicable)	Amount	GST	Total
Total Kilometers Travelled (Round Trip): _____ X 0.47/km	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL			\$

Signature: _____

Date Paid: _____ **Payment by Cheque No:** _____

Etransfer: _____