



OFFICER EXPENSE FORM

ALBERTA ELKS ASSOCIATION

Name: _____ Date: _____

E-Transfer to: _____

Cheque to be sent to address: _____

Reason for expenses:

***Receipts for meals MUST be submitted with expense form and cover only the cost of food and nonalcoholic beverages within thirty (30) days of function. Meals provided by the host (hotel, lodge, etc) are not claimable. Payment of expenses will not be paid until such time as the receipt(s) is received (if applicable)**

Signature of Officer _____

<i>For office use only</i>		
Receipts received with expenses:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Payment made via cheque no. _____	E-Transfer <input type="checkbox"/>	Date: _____