



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)**

| | |
|--|----------|
| Transportation: _____ Kms. X \$0.45/km | \$ _____ |
| 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) | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| TOTAL | \$ _____ |

Signature of Officer _____

For office use only

Receipts received with expenses: Yes ☐ No ☐

Payment made via cheque no. _____ E-Transfer ☐ Date: _____

(revised Dec 2025)