

ALBERTA ELKS ASSOCIATION
EXPENSE ACCOUNT

Name of Officer _____ Office Held _____

Date of Visit _____ 20____

Place Visited _____ Occasion _____

Expenses

GST Paid

Mileage: Total Kilometers _____ @ \$.25/km = \$ _____

Hotel Room Cost _____

Meals _____

Other Expense (specify) _____

Total Expenses _____

Signed _____ Approved _____

Please forward to Secretary-Treasurer immediately after visit.
3937 – 37 Ave,
Red Deer AB T4N 2T1

Cheque No. _____ Date Paid _____