

# DISTRICT DEPUTY EXPENSE FORM

## ALBERTA ELKS ASSOCIATION

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

\_\_\_\_\_ District No. \_\_\_\_\_

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

\_\_\_\_\_ P.C. \_\_\_\_\_

Please  one of the following:

Official Visit to \_\_\_\_\_ Lodge No. \_\_\_\_\_ Date of visit: \_\_\_\_\_  
*(District Deputy Report to be attached)*

District Meeting *(Copy of minutes to be attached)*  Provincial Conference

Other (please specify) \_\_\_\_\_

**Please note that if you have not included the required reports as indicated above expenses will be held for payment until such time as these reports are received.**

|  |           |  |
|--|-----------|--|
| Transportation: _____ Kms. X \$0.30/km | \$        |  |
| Hotels: (Attach bills)                 | \$        |  |
| Meals: (Attach bills if possible)      | \$        |  |
| Postage:                               | \$        |  |
| Printing/Stationery/Office:            | \$        |  |
| Telephone:                             | \$        |  |
| Other: (Please specify)                | \$        |  |
| <b>TOTAL</b>                           | <b>\$</b> |  |

Signature of District Deputy \_\_\_\_\_

Revised 06/08

|  |  |
|--|--|
| <p><b>For Office Use Only:</b></p> <p>Report Rec'd with expenses: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date Rec'd if not with expenses: _____</p> <p>Cheque No. _____</p> | <p style="text-align: center;"><b>Payment Authorization</b></p> <p>1) Prov: _____</p> <p>2) Acctg: _____</p> <p>Date Sent: _____</p> |
|--|--|