



ALBERTA ELKS ASSOCIATION

TRAVEL EXPENSE FORM



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.

Box 445

Bentley AB T0C 0J0

Cheque No. _____ Date Paid _____

