



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 _____