

# HANOVER TEACHERS ASSOCIATION - EXPENSE VOUCHER

Pay to: \_\_\_\_\_

Requested By: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

City / Town: \_\_\_\_\_

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

Province: MB Postal Code: \_\_\_\_\_

**EXPENSE (Original Receipts MUST be attached):**

Claim Description	Date	Amount
<b>TOTAL:</b>		<b>\$ -</b>

**TRANSPORTATION / MILEAGE (\$0.55 / KM):**

Activity	Date	KM	Amount
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>TOTAL:</b>			<b>\$ -</b>

**TOTAL CLAIM:**    **\$ -**

**APPROVED BY:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**TO BE COMPLETED BY TREASURER:**

Account #	Budget Line	Amount
<b>TOTAL (MUST EQUAL CLAIM TOTAL):</b>		

Date Entered: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Cheque #: \_\_\_\_\_