

HANOVER TEACHERS ASSOCIATION - EXPENSE VOUCHER

Pay to: _____ Requested By: _____
 Address: _____

 City / Town: _____ Signature: _____
 Date: _____
 Province: _____ MB _____ Postal Code: _____

EXPENSE (Original Receipts MUST be attached):

| Claim Description | Date | Amount |
|-------------------|------|-------------|
| | | |
| | | |
| | | |
| | | |
| TOTAL: | | \$ - |

TRANSPORTATION / MILEAGE (\$0.54 / KM):

| Activity | Date | KM | Amount |
|---------------|------|----|-------------|
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| TOTAL: | | | \$ - |

TOTAL CLAIM: \$ _____ - **APPROVED BY:** _____

SIGNATURE: _____

TO BE COMPLETED BY TREASURER:

| Account # | Budget Line | Amount |
|--|-------------|--------|
| | | |
| | | |
| | | |
| | | |
| TOTAL (MUST EQUAL CLAIM TOTAL): | | |

Date Entered: _____ Date Paid: _____ Cheque #: _____