

HANOVER TEACHERS ASSOCIATION - EXPENSE VOUCHER

Pay to: _____ Requested By: _____
 Address: _____

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

EXPENSE (Original Receipts MUST be attached):

ACCT #	Claim Description	Date	Amount
TOTAL:			

TRANSPORTATION / MILEAGE (\$0.58 /km):

ACCT #	Activity	Date	KM	Amount
TOTAL:				#REF!

TOTAL CLAIM: _____ **#REF!** **APPROVED BY:** _____
SIGNATURE: _____

TO BE COMPLETED BY TREASURER:

Account #	Budget Line	Amount
TOTAL (MUST EQUAL CLAIM TOTAL):		\$ _____ -

Date Paid: _____ Cheque #: _____
