

# 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
<b>TOTAL:</b>			<b>\$ -</b>

**TRANSPORTATION / MILEAGE (\$0.59 /km):**

ACCT #	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>		<b>\$ -</b>

Date Entered: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cheque #: \_\_\_\_\_

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