

HANOVER TEACHERS ASSOCIATION - EXPENSE VOUCHER

Pay to: _____ Requested By: _____
 Address: _____

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

EXPENSE (Original Receipts MUST be attached):

ACCT #	Claim Description	Date	Amount
TOTAL:			\$ -

TRANSPORTATION / MILEAGE (\$0.59 /km):

ACCT #	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 #: _____