

HANOVER TEACHERS ASSOCIATION - EXPENSE VOUCHER

Pay to: _____	Requested By: _____
Address: _____ _____	Delivery By: <input type="checkbox"/> Divisional Mail <input type="checkbox"/> Pick-up at SRSS (select one) <input type="checkbox"/> Exec/Council Meeting <input type="checkbox"/> Mail
City / Town: _____	Signature: _____
Province: <u>MB</u> Postal Code: _____	Date: _____

EXPENSE (Original Receipts MUST be attached):

ACCT #	Claim Description	Date	Amount
TOTAL:			\$ -

TRANSPORTATION / MILEAGE (\$0.61 /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 #: _____


