

# HANOVER TEACHERS ASSOCIATION - EXPENSE VOUCHER

Pay to: \_\_\_\_\_

Requested By: \_\_\_\_\_

Address: \_\_\_\_\_

Delivery By:  Divisional Mail  Pick-up at Kleeefeld  
(select one)  Exec/Council Meeting  Mail

City / Town: \_\_\_\_\_

Signature: \_\_\_\_\_

Province: MB Postal Code: \_\_\_\_\_

Date: \_\_\_\_\_

**EXPENSE (Original Receipts MUST be attached):**

ACCT #	Claim Description	Date	Amount
<b>TOTAL:</b>			<b>\$ -</b>

**TRANSPORTATION / MILEAGE (\$0.68 /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 #: \_\_\_\_\_