HANOVER TEACHERS ASSOCIATION - EXPENSE VOUCHER

Pay to: _____ Requested By: _____

Address: _____ Delivery By: (select one) ☐ Divisional Mail ☐ Pick-up at Kleefeld ☐ Exec/Council Meeting ☐ Mail

_____

City / Town: _____ Signature: _____

Province: MB Postal Code: _____ Date: _____

EXPENSE (Original Receipts MUST be attached):

ACCT #	Claim Description	Date	Amount
		TOTAL:	**$ -**

TRANSPORTATION / MILEAGE ($0.70 /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 #: _____