|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | | Committee: | |  |
| **Amount:** | | Requested By: | |  |
|  | | | | |
| Description of Expense(s):  Payable to: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | | |
| **President’s Signature:** | | | | |
| **Mail to: Dennis Schroeder, Secretary**  **Minnesota Elks Association**  **1074 Prairie View Drive SW**  **Hutchinson, MN 55350** | | | | |
|  | | | | |
| **Completed by State Secretary:** | | | | |
| **Committee Account Number:** | | | | |
| **Date Received:** | | | | |
| **Voucher Number:** | | Created By: |  | |
| **Completed by State Treasurer:** | | | | |
| **Date Received:** | | | | |
| **Check Number:** | | Created By: |  | |

# Payment/Reimbursement Request

Note: Requests for payment or reimbursement must not exceed committee budgeted amount. Receipts/Invoices must accompany the request.