|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | | Committee: | |  |
| **Amount:** | | Requested By: | |  |
|  | | | | |
| Description of Expense(s):  Payable to: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | | |
| **President’s Signature:** | | | | |
| **Mail to: James Michael, Secretary**  **Minnesota Elks Association**  **3090 Orchid Dr NE**  **Sauk Rapids, MN 56379** | | | | |
|  | | | | |
| **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.