

Payment/Reimbursement Request

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

Date:	Committee:	
Amount:	Requested By:	
Description of Expense(s):		
Payable to:	<hr/> <hr/>	
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:	