Payment/Reimbursement Request

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

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: Completed by State Treasurer: Date Received:	Date:		Committee:	
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:	Amount:		Requested By:	:
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:				
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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:	Mail to: James Mid	chael, Secretary		
Committee Account Number: Date Received: Voucher Number: Created By: Completed by State Treasurer:	3090 Orc l	hid Dr NE		
Date Received: Voucher Number: Created By: Completed by State Treasurer:	Completed by Sta	te Secretary:		
Voucher Number: Created By: Completed by State Treasurer:		nt Number:		
Completed by State Treasurer:	Date Received:			
	Voucher Number:		Created By:	
Date Received:	Completed by Sta	te Treasurer:		
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Check Number: Created By:	Date Received:			