|  |  |  |
| --- | --- | --- |
| **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.