

For Expenses



OKLAHOMA ELKS ASSOCIATION INCORPORATED

PAY TO _____
(Name) (Official Title) (Committee or Office)

(Mailing Address) (City) (State) (Zip Code)

PURPOSE:	ITEMIZE	BUDGET	NO.	UNIT	COSTS	TOTALS
Please Attach on Back Any Receipts to Support this Claim				TOTAL		

(No check will be issued until claim is approved)

Date: _____ 20____

APPROVED FOR PAYMENT

Chairman or Approving Member of Board of Trustees

20____

APPROVED FOR PAYMENT

State President or State Trustee

MAIL VOUCHERS TO THE CHAIRMAN OF THE STATE TRUSTEES

Date: _____ 20____

I hereby certify that the above claim is correct and legally chargeable against the Oklahoma Elks Association.

Signature Official Title

State Association Check No. _____
issued in payment of this claim.

Little's — Duncan

Treasurer