

_____ RHODE ISLAND STATE ELKS ASSOCIATION

**_____ R.I. STATE ELKS ASSOCIATION CHARITIES
(SELECT PROPER ACCOUNT)**

Date Submitted: _____

*******VENDOR INFORMATION*******

Print Name: _____

Address: _____

Phone: _____

**Description of
Goods or services:** _____

Invoice Number: _____ **Total amount due:** _____

*******COMMITTEE OR OFFICER INFORMATION*******

Committee (name): _____ **Chairman (name):** _____

Event: _____ **Where held:** _____

VENDOR MAY BE A MEMBER OF THE ASOCIATION:

Has this invoice been included in a committee financial report? YES _____ NO _____

SIGNATURE OF CHAIRMAN: _____

TRUSTEE/DIRECTOR APPROVAL DATE: _____

Tri-City #14 _____ **Newport #104** _____

Westerly #678 _____ **Woonsocket #850** _____

West Warwick #1697 _____ **S.Kingstown #1899** _____

Bristol County #1860 _____ **E.Providence #2337** _____

Cov/WGreenwich #2285 _____ **Smithfield #2359** _____

**VOUCHER WILL NOT BE PROCESSED WITHOUT ATTACH RECEIPTS OR
SUPPORTING DOCUMENTATION**