



Alzafar Shriners



San Antonio Shrine Auditorium * 901 N. 1604 West San Antonio, Texas 78232 * Telephone 210-496-1625

Date: _____

Alzafar Shriners
Attention: Treasurer/Recorder
901 N. Loop 1604 W
San Antonio, Texas 78232

Ref: "Receipt for _____ expense/s "

Dear Treasurer/Recorder of Alzafar Shriners:

Attached you will find a receipt and supporting documents for the purchase/expense of _____
in the amount of \$ _____. The Alzafar Shrine expense/s was paid with (Cash/Check/Credit
Card/other _____) for benefit of the Alzafar Shriners _____ event/purpose which occurred on the date of
_____. This is a Fraternal/Camp/Hospital/Circus/ Other _____ expense. I am submitting
this expense for documentation so the receipt is paid.

Thank you for your prompt attention.

Sincerely,

(Name) Of Shriner/Person
Phone # _____

(Date Submitted)

***** PLEASE USE THIS FORM TO SUBMIT RECEIPTS TO BE PAID BY THE TEMPLE FOR ALL EXPENSES, PLEASE LIST either if it is a Fraternal, Hospital, or Circus Expense, or anything else and complete all information on the form. Staple or tape receipt to this form and leave with in the Recorder's Inbox. *****

THANK YOU for Your Service