

INVOICE
Expense Tracking - Reimbursements

Individual Supported: _____

Address: _____

Telephone #: _____

Type of Service/Purchase	Date	Cost

Total Invoice: _____

Payable to: _____

Authorized signature: _____

Authorized name: _____

I authorize Durham Association for Family Respite Services to redirect the funds as indicated above from me to the person indicated directly and to deposit those funds to the account designated by the person named for reimbursement.