DURHAM ASSOCIATION FOR
FAMILY RESOURCES AND SUPPORT
• One Person at a Time • Together With Families •

850 King St. W, Unit 20
Oshawa, Ontario L1J 8N5
(905)436-2500 www.dafrs.com

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 Resources and Support 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.