

INVOICE
Expense Tracking – Reimbursements

Month: _____

Individual Supported: _____

Address: _____ Telephone #: _____

Email _____

Destination	Date	Kilometers
Subtotal		
Times _____ Per Km		

TOTAL NUMBER OF RECEIPTS/INVOICES _____
TOTAL AMOUNT OF RECEIPTS/INVOICES _____

Payable to: _____

Authorized signature: _____

Authorized name: _____

I authorize DFR 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.