

## **INVOICE** Expense Tracking – Reimbursements

Ν	Ionth:		
Individual Supported:			
Address:	Telephone #:		
Email			
	Destination	Data	IV:1 and a to up
	Destination	Date	Kilometers
Subtotal			
TimesPe	r 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.

**FAMILY RESOURCES & SUPPORT** 850 King St. West, Unit #20, Oshawa, Ontario L1J 8N5 905 436-2500 Fax: 905 436-3587 www.dafrs.com

**Durham Association for**