

# Ghana Association Of Hamilton, Ontario

## Members/Volunteers Expense Reimbursement Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Month / Day / Year  
Date: / /

Name of Project: \_\_\_\_\_

Chair of Project/Lead: \_\_\_\_\_

Date	Description of Items ( Please use one line each itemized receipt)	Amount
		-
		-
		-
		-
		-
		-
		-
		-
		-
		-

Subtotal \$ -

Advances(if any)

Total Reimbursement \$ -

**\* Don't forget to attach receipts \***

### For Office Use Only

Expense approved by: \_\_\_\_\_ Date \_\_\_\_\_

Payment Authorized By \_\_\_\_\_ Date \_\_\_\_\_

Cheque #: \_\_\_\_\_

Date of Issue#: \_\_\_\_\_

Notes/Comments \_\_\_\_\_

\_\_\_\_\_