

# Expense Receipt

Date: \_\_\_\_\_ Project: \_\_\_\_\_

Received from: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone#: \_\_\_\_\_

## Service

Service Provided: \_\_\_\_\_

Date(s) Service Provided: \_\_\_\_\_

Total Amount Received: \_\_\_\_\_ Total Amount Donated: \_\_\_\_\_

Paid by:           Cash

Cheque/Money order

## Per Diems

Per Diem rate per day \$ \_\_\_\_\_ Total Number of Days: \_\_\_\_\_

Total Amount of Per Diems \$ \_\_\_\_\_

Paid by:           Cash

Cheque/Money order

I have received the above.

Signed: \_\_\_\_\_

(If any expense is paid by cheque or money order please include cancelled cheque copies with this form)