

9000 Bathurst Street, Thornhill ON L4J 8A7 - T: 905.695.9786 - F: 905.695.1585 - E: admin@jaffari.org - www.jaffari.org

## **EXPENSE REIMBURSEMENT FORM**

## **Jaffari Muslim Food Bank**

Please complete the form below for your expense reimbursement request, and attach original receipts. Please ensure all details are correct and then submit to the Secretariat Office.

Date:				Committee:				
				Event for which items were purchased:				
Last Name: First Name			ne:		Middle Name:	Title:		
Contact Number:				E-mail Address:				
Address:								
City:			Province:		Postal Code:			
LIST OF EXPENSES								
	Store/Vendor	Description of Items Purchased					Amount	
1								
2								
3	3							
4								
PURCHASE TOTAL:								
Committee Lead:					Signature of Approval of above Expenses:			
Directors Liaison:				Signature of Approval (if applicable):				
Totals up to \$500/- require approval from Committee Lead. Totals above \$500/- require approval from Directors Liaison.								
BANK DETAILS Please provide your bank details below or attach a void cheque to this form.								
Transit Number: Institution:			stitution:			Account Number:		
Jaffari Community Centre Masumeen Islamic Centre Razavi Community Centre 9000 Bathurst Street 7580 Kennedy Road 95 Mead Avenue								