

## Refund Request Expense Form

Cheque Payable To:

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

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

Bill / Receipt / Invoice information:

<b>A</b>	<u>Invoice #</u> or <u>Receipt Info:</u>	Subtotal:	\$	
		Tax:	\$	
		Total:	\$	
<b>B</b>	<u>Invoice #</u> or <u>Receipt Info:</u>	Subtotal:	\$	
		Tax:	\$	
		Total:	\$	
<b>C</b>	<u>Invoice #</u> or <u>Receipt Info:</u>	Subtotal:	\$	
		Tax:	\$	
		Total:	\$	
<b>D</b>	<u>Invoice #</u> or <u>Receipt Info:</u>	Subtotal:	\$	
		Tax:	\$	
		Total:	\$	

Cheque Amount For ONLY 1:

- Advertising
- Building Repairs
- City of Waterloo
- Cleaning Supplies
- Grocery Cards
- Miscellaneous
- Music
- Office Supplies
- Phone/Internet
- Printer/Photocopier
- Receiver General
- Security
- United Church of Canada
- Utilities
- Vera's Place
- Wayside
- Other

Cheque Total: \$ \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

**Purchase Purpose:** \_\_\_\_\_

Additional Info: \_\_\_\_\_

Committee: \_\_\_\_\_ Account: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Cheque Number: \_\_\_\_\_

Initial: \_\_\_\_\_

## Refund Request Expense Form

Cheque Payable To:

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

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

Bill / Receipt / Invoice information:

<b>A</b>	<u>Invoice #</u> or <u>Receipt Info:</u>	Subtotal:	\$	
		Tax:	\$	
		Total:	\$	
<b>B</b>	<u>Invoice #</u> or <u>Receipt Info:</u>	Subtotal:	\$	
		Tax:	\$	
		Total:	\$	
<b>C</b>	<u>Invoice #</u> or <u>Receipt Info:</u>	Subtotal:	\$	
		Tax:	\$	
		Total:	\$	
<b>D</b>	<u>Invoice #</u> or <u>Receipt Info:</u>	Subtotal:	\$	
		Tax:	\$	
		Total:	\$	

Cheque Amount For ONLY 1:

- Advertising
- Building Repairs
- City of Waterloo
- Cleaning Supplies
- Grocery Cards
- Miscellaneous
- Music
- Office Supplies
- Phone/Internet
- Printer/Photocopier
- Receiver General
- Security
- United Church of Canada
- Utilities
- Vera's Place
- Wayside
- Other

Cheque Total: \$ \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

**Purchase Purpose:** \_\_\_\_\_

Additional Info: \_\_\_\_\_

Committee: \_\_\_\_\_ Account: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Cheque Number: \_\_\_\_\_

Initial: \_\_\_\_\_