AREA 5 REQUEST FOR PAYMENT

DATE:

TO: Area 5 Treasurer

treasurer@area5harmonyinc.org

FROM:

NAME:      TITLE:

FULL ADDRESS, INCLUDING POSTAL CODE:

EMAIL ADDRESS:

DESCRIPTION OF TYPE OF EXPENSE AMOUNT

 **TOTAL AMOUNT**

Attach all receipts and other substantiating material and use this space to indicate purpose of visit(s) and/or further details of expenses.

Please include email address if able to receive payment via E-transfer

E-TRANSFER ADDRESS:

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# FOR TREASURER’S USE ONLY

Amount Paid       Cheque #       Date