Organization Name (XXXXX)

EXPENSE REQUISITION

Requisition No: _____ Date of Request: _____

Description of Good/Service	Amount
	$
Translation Services – LBGTQ Guide	1,000
HST (13%)	130
TOTAL	1,130

EXPENSE ALLOCATION

Funder	Program	Line Item	Amount ($)
IRCC	GBV	Professional Fees	1,000

Requested by: _____ Approved by: _____

Invoice Attached: Yes _____ NO____

Date paid: _____

Payment details: _____

Other Notes: _____