

Organization Name (XXXXX)

EXPENSE REQUISITION

Description of Good/Service

Date of Request:

Amount

Requisition No: _____

			\$
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	y:	Approved by:	
Invoice Attac	hed: Yes N	0	
Date paid:			
Payment det	ails:		
Other Notes:			