

**Request for Payment**

**Personal Reimbursement**

All requests for payment MUST include this form, supporting backup receipts/documents, and signature from an Executive member, before sending to the Accountant for payment.

| **Full name of AMHA Staff/Board Member:** |  |
| --- | --- |
| **AMHA Position:** |  |
| **Email to received E-transfer to:** |  |

**Summary of charges**

**(group similar category charges together and sub-total)**

| Date (m/d/y): | Description: | Category: | Amount: |
| --- | --- | --- | --- |
|  |  |  | *$* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | ***(If applicable, receipts must accompany all requests for Reimbursement)*** | **Subtotal** | *$* |
|  |  | **GST** | *$* |
|  |  | **TOTAL** | *$* |

**Approval Details**

| Signature of Submitter |  |
| --- | --- |
| Date |  |

**For Accounting Use Only**

| G/L Account |  |
| --- | --- |
| Date Paid |  |
| Etrf |  |
| Amount Paid |  |