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.

|  |  |
| --- | --- |
| **Make Cheque Payable to:** |  |
| **AMHA Position:** |  |

**Summary of charges**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Date (m/d/y): | Description: | Category: | Amount: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | ***(Receipts must accompany all requests for Reimbursement)*** | **Subtotal** |  |
|  |  | **GST** |  |
|  |  | **TOTAL** |  |

**Approval Details**

|  |  |
| --- | --- |
| Signature of Submitter |  |
| Date |  |
|  |  |
| Approved by Executive Member (Print Name) |  |
| Signature |  |
| Date |  |

**For Accounting Use Only**

|  |  |
| --- | --- |
| G/L Account |  |
| Date Paid |  |
| Cheque # |  |
| Cheque Amount |  |