

Kanisa Fellowship

REQUEST FOR ACCOUNTABLE ADVANCE

Payable To:

Date:

Dept.:

Item #	Date	Purpose of Expenditure	Amount CDN	Amount USD	Total
Total Expense				\$	-

DECLARATION

I have read, and agree to abide by, Kanisa Fellowship's procedure for requesting an accountable advance
 I certify that these expenses are accurate and are related to the business of KANISA FELLOWSHIP.

 Settlement Date

 Signature of Payee

Note: Please attach all receipts.

 Director's Approval

Treasurer's Use Only

Date Invoice Received:	_____	MM / DD / YY	Balance Owing:	_____
				(-ve to Claimant)
Budget Allocation:	Yes / No		Date Received:	_____
				MM / DD / YY
Date Cheque Issued:	_____	MM / DD / YY	Cheque #:	<input style="width: 100px; height: 20px;" type="text"/>