



Ten Yad of Ottawa
1363 Woodroffe Avenue, Unit B
Box 33005
Ottawa, Ontario
K2C 3Y9

REQUEST FOR REIMBURSEMENT OF EXPENSES

Please carefully read the instructions on page 2 prior to completing this form.

1. Name _____

2. Address _____

3. E-mail Address _____

4. Event _____

5. Event Date _____

6. Products Purchased 1)
 2)
 3)
 4)
 5)

7. Total Amount Due _____

8. Number of Receipts _____

9. I _____ direct that the funds to which I am entitled by way of reimbursement for _____, and would otherwise be forwarded to me by cash or cheque, be transferred to Ten Yad as my gift.

10. Date _____

11. Signature _____

Instructions for completing the *Request for Reimbursement of In-kind Expenses* form

1. Insert the name of the donor. This name will appear on the cheque or donation receipt.
2. Insert the address of the donor. The cheque or charitable tax receipt will be sent to this address.
3. Insert your e-mail address if you would prefer to have the Donation Receipt e-mailed to you.
4. Insert the name of the family and reason for which the expense (e.g. meal preparation) was incurred.
5. Insert the date(s) of the event where the expense was incurred.
6. Provide an itemized list of the products that were purchased and the dollar value for each product, with tax, if applicable. If there is insufficient space on page 1, please append an additional page to this form with the complete itemized list.
7. Insert the total amount due for all items purchased. This amount should be the sum of the itemized items listed in #5, with tax, if applicable.
8. Insert the number of receipts that are appended to this form. Original receipts must be submitted with this form.
9. FOR CHARITABLE DONATION RECEIPTS ONLY: Complete this section only if you would like all or a portion of the expenses incurred transferred to Ten Yad as a gift. A charitable donation tax receipt will be issued for the amount inserted upon approval of the request for reimbursement. In the first blank, insert your full name. In the second blank, insert the dollar amount to be transferred to Ten Yad as a gift
10. Insert the date this form was completed.
11. Signature of donor that completed this form.

Please mail this form to Ten Yad of Ottawa at:

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