

EXPENSE INVOICE

Epiphany Legacy Investment Mutual Fund Trust
 50 - 550 WT Hill Boulevard South, Lethbridge,
 Alberta T1J 4Z8



Name: _____
 Company: _____
 Email: _____
 Phone: _____

Description of Expense: _____
 Date: _____
 Invoice #: _____
 Prepared By: _____
 Approved by: _____

Item	Date	Description	Hotel/ Transport	Meals	Marketing	GST	Total
Total							

Itemize your invoice/receipts into the appropriate categories. Record the total expense amount. Record GST amount.
 Please ensure that all receipts are legible, attendees are listed and the amount and date of the transaction is clear.
 Submit the completed form and attach the supporting documentation to the Vice President of Corporate Development at art@tegroup.ca.