



ISLAMIC FOUNDATION OF TORONTO

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PAYMENT VOUCHER

Date _____
yy/mm/dd

Pay To: _____

| Voucher# | Description | Account# | Amount |
|----------|-------------|----------|--------|
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Total Amount: \$ | | | | | |

Prepared by: Print name
Last name: _____ First name: _____

Signature _____

Approved by: Print name
Last name: _____ First name: _____

Signature _____

Full payment received by: Print name
Last name: _____ First name: _____

Signature _____

FOR OFFICE USE ONLY

Number of attachments

Account code:

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