



Iranian Cultural Society Of Nova Scotia
RECEIPT

604 Bedford Highway, Unit 200
Halifax, Nova Scotia, Canada, B3M 2L8
Phone: 902-444-7556
info@icsns.org
https://www.ICSNS.org

Name of Payee:		Cell Phone:	
Address:		Email:	
Reimbursement	Supplier Name:		Program:
Yes ____ No ____	Amount: \$		

DESCRIPTION:



Iranian Cultural Society Of Nova Scotia
RECEIPT

604 Bedford Highway, Unit 200
Halifax, Nova Scotia, Canada, B3M 2L8
Phone: 902-444-7556
info@icsns.org
https://www.ICSNS.org

Name of Payee:		Cell Phone:	
Adress:		Email:	
Reimbursement	Supplier Name:		Program:
Yes ____ No ____	Amount: \$		

DESCRIPTION:
