STUDENT INITIATIVE REIMBURSEMENT

Your name: _____ Date: _____

Project name: _____

Email: _____

▫ Pick up in office ▫ Mail to: _____

Description of Expenses	Amount
Total Amount:	$

Approved by: _____ _____
(Signature) (Signature)

_____ _____
(Print name) (Print name)

- All receipts must be attached.
- Receipts must show the individual expenses incurred and any included taxes.
- A receipt showing only a credit or debit card purchase is not acceptable.
- The total amount requested must equal the sum of attached receipt amounts.
- Alcohol purchases will not be reimbursed.

A cheque will be made after Board Approval of expenses.