



Reimbursement Request Form 2019 – 2020
From the Office of the Vice President Finance

Today's Date: _____

Date of Purchase(s): _____

Name: _____

Phone: _____ Email Address: _____

House/Organization: _____

Item(s) Purchased: _____

Note: Items can only be reimbursed if all receipts and/or any other proof of purchase are attached to the top left corner of this form. The receipt must be itemized, showing each individual item that has been purchased, the price of each item, and the vendor they were purchased from. Receipts only showing the total purchase price will not be considered for reimbursement.

Vendor(s): _____

Reimbursement Amount (\$): _____

Reason for Purchase:

Signatures (please ensure the leader of the house/club has signed this form):

Signing Officer Signing Officer

Name (printed): _____ Name (printed): _____

Signature: _____ Signature: _____

Date: _____ Date: _____

- A signing officer cannot sign a reimbursement form for themselves
- Cheques are ready within 10 business days following drop of. They are available for pick up Monday to Thursday 8am-3:30pm the ASU accounting manager in officer 622B of the Old SUB
- Student will NOT be contacted when cheques are ready