SENECA STUDENT FEDERATION

CLUB/ASSOCIATION REIMBURSEMENT REQUEST

Club/Association Name: _____

Semester: □ Fall □ Winter □ Summer

President Name: _____ **Phone:**_____

CHEQUE MADE OUT TO:

Recipient's Name (Print Clearly): _____

RECEIPT #	DATE	DESCRIPTION	AMOUNT	HST	TOTAL AMOUNT
		TOTAL			

- Only official receipts will be accepted that contain the name of the store, the date of purchase, what was purchased and the amount paid.
- **Debit/Credit card printouts must accompany the bill showing exactly what has been purchased**
- If you have multiple receipts, number the receipts (i.e. 1 to 10) and indicate the receipt number in the appropriate column
- Once form is completed and signatures are obtained, it will be reviewed for approval
- Reimbursements will only be made if form is complete with all signatures and original receipts attached

REQUIRED SIGNATURES:

_____
President Signature & Date

_____
Vice President or Secretary/Treasurer Signature & Date

_____
SSF Coordinator Signature & Date

Comments: (A brief outline of event)

_____
_____
_____
_____
_____

OFFICE USE ONLY:

Payment Received by: _____ **Date:** _____

(Print Name)

Payment Made by: _____ **Date:** _____

SSF Manager

Cheque #: _____