



REQUEST FOR REIMBURSEMENT

Date of Request: Approved By: Purchased By:

Receipts: (please attach original receipts **and** a copy)

Date of Purchase, Paid To, Description of Expense & Class (e.g. Trinity)	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total	<input type="text"/>

Payment Details for Accounting Purposes:

To:

Date: Cheque #: Amount \$:

Summary of Payments: For example - office expenses, postage & class (i.e. St. Laurent, AJAE)