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
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
Total	**$0.00**

Payment Details for Accounting Purposes:

To:

Date: | Cheque #: | Amount: $0.00

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

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