

Expense Reimbursement(Intneral Council Members)

Requester : _____
 Payable to : _____
 Purpose/
 Project/ Event : _____
 Date : _____

DATE	DESCRIPTION	EXPENSE ACCOUNT	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

SUBTOTAL	\$	-
Less Cash Advance		
TOTAL REIMBURSEMENT	\$	-

Don't forget to attach receipts!

Important Note: Please check the boxes

- (1) I have filled all the details **completely and clearly!**
- (2) I have checked that I am filling the right form, which is for Expense Reimbursement
- (3) I have filled this form for a single Project/Events Expense Reimbursement
- (4) I have attached all related receipts

 Signature(Requester) Date

 Approval Signature Date

Approver must be a co-Team Member or one of the Executive Member of Council (except Treasure)

 Approver Name Approver's Designation in Council

For Personnel Use Only

DATE	CHEQUE NUMBER	AMOUNT	NOTE