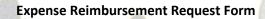
## **Aesculapian Society**

University of Ottawa Roger Guindon, RM 2046 451 Smyth Rd. Ottawa, ON K1H 8M5



Name of Person Making the Request:	
Student #:	
4 4 / / >	
Expense Description (What was the expense for? List items if the are no receipts, please explain)	re are more than one receipt. If there
	7
Date of expenditure(s) (list most recent date if more than one)	
	h 16
Total amount:	
Who should the cheque be paid to:	
The ITT	AAR
Under what (Interest Group's) budget should the expenses be debited from?	
Signature of Claimants	Data
Signature of Claimant:	Date:
Name of Person Supporting this claiming (in addition to the claimant):	
Supporting Signature*:	Date: