

# Expense Reimbursement Request Form

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

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_ Email: \_\_\_\_\_

Receipt #	Receipt Date	Expense Type	Details	Amount (\$)
1	_____	<input type="checkbox"/> Gift Card <input type="checkbox"/> Parking <input type="checkbox"/> Travel Expenses <input type="checkbox"/> Supplies <input type="checkbox"/> Other: _____	Name of Talk: _____ <input type="checkbox"/> N/A Date: _____  <b>If Gift Card/Parking/Travel Expenses:</b> Recipient Name(s): _____ <input type="checkbox"/> N/A Recipient Title/Organization: _____ <input type="checkbox"/> N/A  Description/Breakdown: _____	_____
2	_____	<input type="checkbox"/> Gift Card <input type="checkbox"/> Parking <input type="checkbox"/> Travel Expenses <input type="checkbox"/> Supplies <input type="checkbox"/> Other: _____	Name of Talk: _____ <input type="checkbox"/> N/A Date: _____  <b>If Gift Card/Parking/Travel Expenses:</b> Recipient Name(s): _____ <input type="checkbox"/> N/A Recipient Title/Organization: _____ <input type="checkbox"/> N/A  Description/Breakdown: _____	_____
3	_____	<input type="checkbox"/> Gift Card <input type="checkbox"/> Parking <input type="checkbox"/> Travel Expenses <input type="checkbox"/> Supplies <input type="checkbox"/> Other: _____	Name of Talk: _____ <input type="checkbox"/> N/A Date: _____  <b>If Gift Card/Parking/Travel Expenses:</b> Recipient Name(s): _____ <input type="checkbox"/> N/A Recipient Title/Organization: _____ <input type="checkbox"/> N/A  Description/Breakdown: _____	_____

**TOTAL CLAIMED:** \_\_\_\_\_

Who should the cheque be paid to: \_\_\_\_\_

Under what (Interest Group's) budget should the expenses be debited from? \_\_\_\_\_  Internal  External  N/A

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Supporting this claim (in addition to the claimant): \_\_\_\_\_

Supporting Signature: \_\_\_\_\_ Date: \_\_\_\_\_

