



Expense Reimbursement Request

Date of Request: _____ Requested by: _____

Committee / Group: _____

Expense Description: _____

Vendor / Source: _____

Amount: \$ _____

Approved by: _____ *(if required)*

Paid Date: _____ Cheque or Petty Cash: CHQ / PC / eTRF

Cheque Number: _____

eTRANSFER eMail: _____