



commerce
undergraduate
society

Reimbursement Request UBC Commerce Undergraduate Society

This form is to be used for reimbursement requests for amounts over \$200 OR for reimbursements to be mailed by cheque for amounts under \$200.

Committee: _____ Date: _____
 Initiator's Name: _____ Initiator's Position Title: _____
 Initiator's Email Address: _____ Initiator's Student Number: _____
 Payee's Preferred Name: _____ Payee's Legal Name: _____

Description of Expense	Amount	Comments
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Total Amount		

Authorized Signatory Name (Service Chair or Finance Director)

Authorized Signatory Signature

Analyst Use Only	
Name: _____	
Date: _____	Signature: _____



Cheque will not be processed unless receipts/invoices/minutes are attached. Amounts over \$200 or any amount to be mailed

CHEQUE REQUISITION

Complete Mailing Address

Club/Dept:	
Account Code: (Full Account Code)	Amount (From each account if more than one)
Total Cheque Amount	

Cheque Payable to: _____

Purpose of Cheque: _____

Initiators Contact Information: _____

Initiated by: _____ Approved by: _____
(Print Name) (Treasurer's Signature)

FOR OFFICE USE ONLY			
Office Authorization: _____	Verified: _____		
Vendor No.: _____	Cheque No.: _____	Date: _____	