



KING'S UNIVERSITY COLLEGE STUDENT COUNCIL

REIMBURSEMENT FORM

EFFECTIVE: 2023-08-09

Please give careful attention to accurately completing this form. Ensure your writing is concise and clear. Failure to do so may result in non-reimbursement.

Instructions

This form can be completed in one of two ways:

1. Digitally
2. By submitting a physical application

To complete this process digitally, you may save and fill in this application and download it as a PDF. Then, email **ONE** copy of your form and supporting documentation/attachments to finance@kucsc.com.

To complete the physical form, print out this application and fill in all the necessary information. Make sure the writing is legible and attach any other supplementary documentation necessary. This is to be submitted to the Chief Financial Officer in KC208.

Contact Information

Name: _____ Date: _____

E-mail: _____ Phone: _____

Position : _____ Club/Representative: _____

Cheque Information

Who is responsible for this purchase? Please provide your first and last name.

Provide the full amount that was spent for the purpose of reimbursement.

Expense Information

Please provide a description of the expense.

Please specify the budget category for this purchase.

Note: Please ensure that all applicable receipts are included in the form. Unless a receipt is received for the correct amount and all sections of this form are completed, the KUCSC will not issue a cheque. Please only use one reimbursement form for each individual purchase. This form is limited to items that are approved by KUCSC and are within your designated budget.

Disclaimer

I hereby authorize the amount indicated above to be withdrawn from the specified budget. I acknowledge that I am accountable for obtaining approval from my Vice President or Officer for this form, followed by submission to the Finance Department for final authorization. I recognize that KUCSC is not responsible for delivering issued cheques. KUCSC requires that collected cheques be picked up within a timeframe of two (2) weeks following the completion and submission of the reimbursement form.

Signature: _____

For Office Use Only

Approved by CFO: _____ Second Signing Officer: _____