



Newman Catholic Students' Society

The Newman Centre of McGill University
3484 Peel Street
Montreal, Quebec
H3A 3T6

Reimbursement Request

Date: _____

Claimant

Name: _____

Email: _____

Expense

Date: _____

Is the date of filing within three months after the date of the expense? Yes No

If the expense took place between January and May inclusive, is the date of filing prior to May 21st of that year? Yes No

Alternatively, if the expense took place between June and December inclusive, is the date of filing prior to December 21st of that year?

Description: _____

Amount claimed: _____

Are all **original** receipts stapled to this form? Yes No

If not, please explain briefly: _____

Are all receipts labeled with the claimant's name and the date of the expense? Yes No

Have all total amounts on the receipts been circled? Yes No

I certify that this is a legitimate request for reimbursement for goods purchased or services performed for the Newman Catholic Students' Society, and that the above information is true and correct.

X _____

Office use only

Receipt date: _____ Liability #: _____ Notes: _____

Payment date: _____ Payment #: _____ Amount paid: _____ Initials: _____