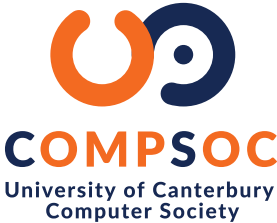


# Committee Reimbursement Form



## Applicant Section

Name: \_\_\_\_\_ Committee Position: \_\_\_\_\_

Description of goods/service: \_\_\_\_\_ Date of purchase: \_\_\_\_\_

\_\_\_\_\_  
Amount: \_\_\_\_\_

\_\_\_\_\_  
Supporting evidence attached: ☐

How expense is relevant: \_\_\_\_\_ i.e. receipt or invoice

\_\_\_\_\_  
Date of submission: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Bank Account Number:   -     -       -

## Treasurer Section (Leave Blank)

Name: \_\_\_\_\_

Approval: Yes ☐ No ☐ Reason for rejection: (if applicable) \_\_\_\_\_

Date received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Treasurer Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_