



**The William Petre Society
Exeter College MCR
Reimbursement Request Form**

Date of Request:

Name of Claimant:

MCR Office Held:

Name of Payee:

Date of Purchase:

Description of Expense:

Amount Requested for Reimbursement:

Signature of Claimant:

The MCR Treasurer shall, upon examination of this form and acceptance of the claimed benefit for the MCR of the above stated expenses, reimburse these expenses drawn from the funds held by the MCR. If requesting reimbursement for more than one purchase, please detail the purchases separately under description before submitting the total reimbursement amount, and attach all receipts to the back of this form. Please fill out separate requests for separate events.

Date Processed:

Authorised:

Issued cheque no.: