

## Society Reimbursement Form (R-1)

Date	Given Name				
Standard Refund	Fee Refund	Affilia	ated Organization		
				fill out only Section II	
			v		
Section I - Reimbursement Information for Standard Refunds					
Date of Purchase	Budget C	Category	Approver Nam	Approver Name(s)	
Submitted By (incl. all parties if submitting on their behalf)					
Amount	Send Ch	eque To	Email (UTorMail)		
Description of Purchase (Attach Receipt to Form)					
Section II - Information for Assn. of College Program Unions (ACPU) Fee Refund					
			7 (777 75 11)		
Send Cheque To (Na			Email (UTorMail)		
Refund Term	Summer	Fall	Winter		
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15 King's College Circle Toronto, ON M5S 3H7		ies@uclit.ca	finance@uc	finance@uclit.ca	