



REQUISITION FOR REIMBURSEMENT

DEPARTMENT:	DATE :
BUDGET #	FISCAL YEAR :
CONTACT THE FOLLOWING PERSON IF ADDITIONAL INFORMATION IS REQUIRED. NAME: _____ EXTENSION: _____	APPROVAL OF DIRECTOR OR DEPARTMENT HEAD PRINT NAME : _____ SIGNATURE: _____

MAKE CHEQUE PAYABLE TO:
SIGNATURE OF CLAIMANT (IF APPLICABLE):
ADDITIONAL INFORMATION: SESSIONAL MEMBER
SPECIFY PURPOSE OF PURCHASE: PROFESSIONAL DEVELOPMENT EXPENDITURE

DESCRIPTION	QUANTITY	UNIT OF QUANTITY	ESTIMATED TOTAL COST	TREASURY USE ONLY
TOTAL				

Complete and accurate specifications should be given for each item listed. Failure to do so will cause delays. Double space between items. **A separate requisition should be made out for each class of materials.**

FINANCIAL SERVICES APPROVAL	
Signature	Date