

# SA Club Reimbursement Form

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

Funding Request #: \_\_\_\_\_

Name of Club: \_\_\_\_\_

Payee: \_\_\_\_\_

Reason for Cheque: \_\_\_\_\_

Address of Payee: \_\_\_\_\_

 Mail Pickup

Contact #: \_\_\_\_\_

## Payment Details

Receipt	Company	Description	Amount
<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	_____	_____	\$ _____
Total Amount:			\$ _____

\*Reimbursements will be ready for pickup within 3 business days or otherwise indicated.

## Club Authorization

Prepared By: \_\_\_\_\_

Title: \_\_\_\_\_

Authorized By: \_\_\_\_\_

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

Authorized By: \_\_\_\_\_

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

Authorized By: \_\_\_\_\_

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

## SA OFFICE USE ONLY

Approved By: \_\_\_\_\_

Title: \_\_\_\_\_

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

## STUDENT ASSOCIATION

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