

Cheque Request Form

This is the "Reimbursement of Funds Request Form". For a cash advance, use the Cash Advance Form.
Reimbursements can only be issued by cheque.

Top section to be completed by the person requesting repayment/reimbursement.

Name of the group you are
requesting repayment from:

Legal/Modern Name

Society Name

Mailing Address

Phone Number

Personal Email

SCA Office *(As Applicable)*

Amount Requested

Reason

All receipts must be attached. Submit this completed form and all receipts to the branch exchequer.
If emailing, include the words "I signed the attached form" in the email.

Signature - Person Requesting Reimbursement

Date

Confirmation

To be completed by the group exchequer.

Date Received

Is reimbursement authorized? Yes No

This expense is authorized by (select one): Annual Budget Event Budget NMR Transfer
Finance Committee Special Purpose Fund:

If part of a budget, which line covers this expense?

Comments/Details

Exchequer Legal Name

Signature

Date

Co-Signor Legal Name

Signature

Date

Cheque #

Date Issued

Date Mailed or Delivered