

# Student Projects Fund Grant

## Check Requisition Form

Project: \_\_\_\_\_ Name of Project Applicant and Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Purchase	Name of Item	Cost	Receipt Number (If there more than one receipt.)
<b>Total</b>			

Has The Project Been Completely Fulfilled With This Reimbursement? Yes No

Pay to the Order Of: \_\_\_\_\_

_____ <b>Signature of Applicant</b>	_____ <b>Date</b>
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**Please submit this form along with your *original* receipts (no photocopies or photographs) to The Student Projects Mailbox in the VUSAC Office (150 Charles St. West, Room 127).**

You should receive your reimbursement within three weeks of your submission.  
 Any questions or concerns can be sent to [studentprojects@vusac.ca](mailto:studentprojects@vusac.ca).

**Apurva Kilambi**  
**Student Projects Chair 2016-2017**