Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Applicant and Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Purchase** | **Name of Item** | **Cost** | **Receipt Number**  (If there more than one receipt.) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** | |  | |

**Has The Project Been Completely Fulfilled With This Reimbursement?**

**Yes No**

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

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Applicant** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** |

**Please submit this form along with your *original* receipts (electronic or physical) to the Student Project Chair at** [**studentprojects@vusac.ca**](mailto:studentprojects@vusac.ca)**. Alternatively, you can submit physical copies 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).