

# General Reimbursement Form

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

DATE	RETAILER	DESCRIPTION OF CLAIM	ACCOUNT (FOR OFFICE USE)	TOTAL
Cheque Payable to:		Purpose of Claim:	Grand Total _____	

*I certify all claims are true & are accompanied by original itemized receipts:*

*Approved by:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
TDSA Signature



**TRENT DURHAM**  
STUDENT ASSOCIATION