



# Request For Reimbursement

R

Name of Society

\_\_\_\_\_  
Signature of Society President

\_\_\_\_\_  
Signature of ECA President

\_\_\_\_\_  
Signature of Society VP Finance

\_\_\_\_\_  
Signature of ECA VP Finance

Invoice Date	Invoice #	Description	Amount	Amount CAD	Budget Line	✓	✓
Total				\$			

For Office Use Only

Purchaser	
Address	
Phone	
Email	
Pay Method	

Received By	
Date Recieved	
Processed By	
Date Processed	
Check/Tx #	