

**Aesculapian Society**  
University of Ottawa  
Roger Guindon, RM 2046  
451 Smyth Rd.  
Ottawa, ON K1H 8M5

AESCULAPIA

**Expense Reimbursement Request Form**

Name of Person Making the Request: \_\_\_\_\_

Student #: \_\_\_\_\_

Expense Description (What was the expense for? List items if there are more than one receipt. If there are no receipts, please explain)

Date of expenditure(s) (list most recent date if more than one)

Total amount: \_\_\_\_\_

Who should the cheque be paid to: \_\_\_\_\_

Under what (Interest Group's) budget should the expenses be debited from?

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Supporting this claiming (in addition to the claimant): \_\_\_\_\_

Supporting Signature\* : \_\_\_\_\_ Date: \_\_\_\_\_

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