

Doctoral Students Reimbursement Form

Student Name: _____
Student Number: _____
Course enrolled: _____
Full or Part time _____
Email address: _____

Description of request:

Amount requested: _____
[Please note all original receipts must be attached - all items of expenditure must have an original receipt.]

Supervisor's Signature: _____
Date: _____

Completed form to be submitted to the Faculty Finance Officer for processing.

For Faculty to complete
Signature of Dean (or nominee): _____
Date approved: _____

Approved form to be given to Faculty Finance Officer for payment
N Form Number: _____
Finance Officer signature: _____
Date: _____