

ECEGSA Reimbursement Claim Form

SUBMITTER INSTRUCTIONS
(1) Fill in purpose and pre-approval number, if known, otherwise leave blank (2) Fill in your contact information (please fill in ALL fields unless you are an ECEGSA Executive member) (3) Describe all expenses being claimed. Number receipts to match order described and attach (staple) in that order (4) Sign and date where indicated (5) Submit completed form to ECEGSA Treasurer

PURPOSE: _____

PREAPPROVAL #: _____

SUBMITTER INFORMATION:

Name: _____

Email: _____

Lab/Office: _____

Phone: _____

Department: _____

Date: _____

Item #	Date	Description	Amount
TOTAL			

SIGNATURE OF SUBMITTER

Name: _____

Date: _____

Signature: _____

By signing this claim form, I assert:

- (1) that this is the first and only time that these expenses have been / will be claimed;
- (2) that these expenses have been incurred in accordance with all applicable UBC and granting agency policies; and
- (3) that I understand that the ECEGSA may make adjustments to the amounts claimed in order to meet UBC or granting agency policies.

FOR INTERNAL USE ONLY	
CLAIM #:	_____
APPROVAL 1:	Name: _____ Date: _____ Signature: _____
APPROVAL 2:	Name: _____ Date: _____ Signature: _____
By signing this claim form, we assert: (1) that we are signing authorities for the ECEGSA; and (2) that we authorize the reimbursement of these expenses from the ECEGSA.	
METHOD:	_____
DATE:	_____