Ahousaht Post-Secondary General Delivery Ahousaht, BC V0R 1A0 T: 250 670 9662 F:250 670 9660 E: post.secondary@ahousahted.ca

## **REIMBURSEMENT FORM**

Reimbur	sements must be submitted no later then 12pm Tuesa	lay of every week. Anyth	ing received aft	er 12 pm is subject to	the following week.
	Please attach ALL receipts. Payment	ts will not be proce	essed if rece	ipts are not attac	hed.
Studen	t Name			Date:	
Studen	t Number				
Make o	cheque payable to:	-	<b>Requesting rein</b>	nbursement for	
Name:			Tuition Application Fees		
Address:			🗌 Textbook 🛛 🗌 Other		
				Please specify O	ther request
Email:					
<b>Requestion Reimbursement for what Semester</b>					
ITEMI	ZED EXPENSES				
ITEM	DESCRIPTION	Order, Recp	t. Or Invoice #	Amount	Total
1					
2					
3	 				
4					
5					
6					
7	·				
8					i ! !
9					i ! !
10					
			Taxes		
			Total (in	c. Taxes)	
				/	I

Student Signature:	Date:	

Office Use Only					
Date & Time Received:					
Date to be Paid:					
Post-Secondary Code:					
Authorized By:	Tit	tle:			
Signature:	Da	ite:			