



## HPME GSU Expense Reimbursement Requisition

Student Requesting Funds: \_\_\_\_\_

Contact Phone or Email: \_\_\_\_\_

Date of Request: \_\_\_\_\_

List of Expense Items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount Spent: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Receipt Attached\*\*: \_\_\_\_\_

\*\* If no receipt is available, please attach a detailed list of expenses.

Signature: \_\_\_\_\_

### INTERNAL USE ONLY

#### *Reimbursement Approved By:*

Signature:	Cheque Number:	
Co-Signature:	Cheque Date:	

University of Toronto  
Health Sciences Building, 425 – 155 College Street  
Toronto, Ontario, Canada  
M5T 3M6