



# Educational Event Reimbursement Form

Event Name: \_\_\_\_\_

Application Number: \_\_\_\_\_

(Found at the top of the PDF application you were emailed)

Primary Applicant: \_\_\_\_\_

Name

Signature

Email

Phone

(By signing this form you are verifying that all enclosed receipts and related expenses are valid and fall within the educational event funding guidelines)

Staff/Faculty Advisor: \_\_\_\_\_

Name

Signature

Email

Phone

Student Group \_\_\_\_\_

Cheque to:  Primary Applicant  Advisor  Student Group

Delivery Information:  Pick up at the Members' Services Desk

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Educational Event Expenses

Food/Beverage Receipts Description	Amount
Food/Beverage Receipts Subtotal:	
Artist/Speaker/Performer Receipts Description	Amount
Artist/Speaker/Performer Receipts Subtotal:	
Sound/Production Receipts Description	Amount
Sound/Production Receipts Subtotal:	
Venue Receipts Description	Amount
Venue Receipts Subtotal:	



Materials/Supply Expenses	Amount
Materials/Supplies Receipts Subtotal:	
Receipts Total:	

**Documentation:**

- Receipts must show the individual expenses incurred and any included taxes. A receipt showing only a credit card or debit card transaction is not acceptable.

**Eligible Expenses:**

- Only expenses in the categories outlined above are eligible for reimbursements. Other expenses cannot be reimbursed by a TRUSU Grant

**Submission:**

- Drop this form and receipts off at the Members' Services Desk in the Students' Union Building.
- Complete paperwork received by Wednesday will be mailed out or ready for pick up on Friday afternoon

\*\*\*For Office Use Only\*\*\*

Date: \_\_\_\_\_

Receiver: \_\_\_\_\_

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