



Faculty Lecture Reimbursement Form

Lecturer Name: _____

Application Number: _____

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

Primary Applicant: _____

Name

Signature

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

Faculty Applicant: _____

Name

Signature

Cheque to: Student Applicant Faculty Applicant Student Group

Delivery Information: Pick up at the Members' Services Desk

Mail to: _____



Venue Receipts Description	Amount
Venue Receipts Subtotal:	
Speaker Receipts Description	Amount
Speaker Receipts Subtotal:	
Speaker Accommodation Receipts Description	Amount
Speaker Accommodation Receipts Subtotal:	
Speaker Travel Receipts Description	Amount
Speaker Travel Receipts Subtotal:	
Sounds/Production Receipts Description	Amount
Sound/Production 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: _____