

Payment Requisition Form

Please complete all fields noted below. All expense line items **must** be supported by itemized receipts. Expenses not supported by itemized receipts **will be void** and not be reimbursed.

Claimant Name (As requested to appear on the issued Cheque): _____

Claimant Student ID #_____

Mailing Address: _____

Activity/Club Association _____

Purpose of Payment Requisition Form (i.e. to obtain reimbursement for x initiative costs in accordance with AFEF approved funding for Fall/Winter/Spring 20XX).

Date Expense Incurred	Description of Expense	Amount in Transaction Currency (i.e. CAD/EUR/USD)
Totals		

Please check off all conditions of the Payment Requisition Form noted below. Note that not adhering to below conditions **will result in no payment being disbursed.**

☐ I certify that all expenses above were incurred solely for the success of the initiative AFEF approved for funding and not for personal benefit, and have/will not be reimbursed from another source.

☐ I certify that all expenses above adhere to the expense reimbursement policies as stated by the University of Waterloo Department of Finance.

Signature of Claimant: _____ **Date:** _____

Signature of AFEF _____ **Date:** _____
Chair: _____