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| Peterhouse Graduate Society |
| REQUEST FOR REIMBURSEMENT |  |  |
| Please attach all receipts or invoices marked as ‘paid’ on this form.Reimbursement will not be issued in the absence of itemised receipts or invoices marked as ‘paid’.Expenses must be approved in writing in advance for reimbursement. **Expenses that are paid by bank transfer are subject to recall if not subsequently approved by the Senior Treasure.** |
| **Receipt/Invoice No.** | **Receipt Issuer** | **Description** | **Amount Paid** |
|  |  | Goods/Service:Occasion:Budget Code: | **£** |
|  |  | Goods/Service:Occasion:Budget Code: | **£** |
|  | **TOTAL FOR REIMBURSEMENT** | **£** |
| Reimbursement by (please fill in as appropriate):**Cheque** to be made payable to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Bank transfer** to: Sort Code\_\_\_\_\_\_\_\_\_\_\_ Account No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ref.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *I hereby warrant that these are duly authorised and bona fide expenses incurred for the sole benefit of the Peterhouse Graduate Society* |
| **Claimant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Office Held (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****President’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **FOR OFFICE USE ONLY** |
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| **Reimbursement Request No. \_\_\_\_\_** |
| **Full Amount Approved/Portion Approved/Rejected** |
|  |
| Reason for rejection (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Junior Treasurer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **Full Amount Approved/Portion Approved/Rejected** |
|  |
| Reason for rejection (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Senior Treasurer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Reimbursed With Cheque No.\_\_\_\_\_\_\_\_\_\_\_\_**Or, for bank transfers: **Ref.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**  | **Amount Reimbursed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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