



# Society Reimbursement Form (R-1)

Date \_\_\_\_\_ Given Name \_\_\_\_\_

Standard Refund <input type="checkbox"/>	Fee Refund <input type="checkbox"/>	Affiliated Organization fill out only Section II
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## Section I - Reimbursement Information for Standard Refunds

Date of Purchase \_\_\_\_\_ Budget Category \_\_\_\_\_ Approver Name(s) \_\_\_\_\_

Submitted By (incl. all parties if submitting on their behalf) \_\_\_\_\_

Amount \_\_\_\_\_ Send Cheque To \_\_\_\_\_ Email (UTorMail) \_\_\_\_\_

Description of Purchase (Attach Receipt to Form) \_\_\_\_\_

Section II - Information for Assn. of College Program Unions (ACPU) Fee Refund		
Send Cheque To (Name on Account)	Email (UTorMail)	
Refund Period (Term)	Fall <input type="checkbox"/>	Winter <input type="checkbox"/>



15 King's College Circle  
Toronto, ON M5S 3H7

[inquiries@uclit.ca](mailto:inquiries@uclit.ca)

[finance@uclit.ca](mailto:finance@uclit.ca)