**Reimbursement Request Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1) Claimant’s Information | | Date | |  |
| Surname |  | First Name | |  |
| Address (Required for cheque payments) |  | | | |
| Email/phone(Optional) |  | | | |
|  | | | | |
| 2) Expense purpose (Required) | | | | |
| Event’s Name |  | Location |  | |
| Approx. # of Attendees |  | Date |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3) Expense Details  **All expenses must be supported by original, itemized receipts, and debit receipt (paid at the Point of Sale) or credit card statement (paid online).Please see instruction on the back.** | | | | |
| Item Description | Supplier | Amount | Budget Code  (For CSA office use) | GST (For office use) |
|  |  |  | 65- | * 100% $ |
|  |  |  | 65- | 100% $ |
|  |  |  | 65- | 100% $ |
|  |  |  | 65- | 100% $ |
|  |  |  | 65- | 100% $ |
| Total due to claimant: | |  |  | $ |
| Claimant attestation. I hereby certify I have understand the Expense claim Procedure. The amounts being claimed for reimbursement were personally paid and have been reduced by any rebate, discount or refund received and does not include amounts to be paid from other organizations.  Claimant Signature: | | | | |

|  |  |  |
| --- | --- | --- |
| 4) Club/Union Approvals (Required for expense claim related to club/union events)  Approver: I hereby certify that this information is an accurate record of expenses. I have reviewed the expenditures, confirmed that expenses being claimed are necessary and valid; were incurred using a cost effective method; are incompliance with all CSA policies and guidelines. | | |
| Printed Name |  | |
| Club/Union position |  | |
| Signature |  | |
|  | | |
| 5) CSA Approvals (Two of the Three) | | |
| CSA President | |  |
| CSA VP Finance | |  |
| CSA Executive Director | |  |

**General Instructions:**

1. This form is to reimburse students for the out of pocket cost for the nominal purchase of goods where the merchant is unable to directly bill the CSA.
2. The CSA will not process a reimbursement pertaining to consultant, contractor or employment services.  These fee for service payments are taxable income and must be paid by invoice through CSA Accounts Payable.
3. Claim must be filed within 6 month after the expense incurred and before CSA fiscal year end. (April 30)
4. Reimbursement can only be requested once goods or services have been received.

**Private Event**

Private events include any events that **ARE NOT** ticketed in Bookstore or Eventbrite and **DOES NOT** take place at Tegler Student’s Centre, with the provision of food and beverages, social or recreational activities

1. Alcohol is not permitted or eligible for reimbursement.
2. For subsequent review, monitoring and audit purposes, supporting documentation for reimbursement must include
   1. The names of all attendees,
   2. The purpose, location and date of the event, and
   3. The total cost per person.

**Gift Card**

1. Gift Card expense must request and pre-approved prior to any purchase
2. Gift Card given in exchange or appreciation for work completed are treated taxable income, and as must be provided with recipient’s Social Insurance Number, according to the CRA and the Concordia University of Edmonton Employee Gifting policy.
3. Reimbursement for Gift Cards must be supported by CSA Gift Card form where the recipient(s) have confirmed receipt of gift card(s).