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2020 Student Reimbursement Form

Please submit this form with original receipts totaling the amount listed above, no later than 4:00 p.m. on March 27, 2020.

Remember to include your name on the original receipts.

| Team Leader Name: | Project Name: |
| --- | --- |
| SIN Number: | Please indicate whether you prefer to have your reimbursement cheque mailed to the address provided or to pick it up in person at Fanshawe College, Room T3010 (London Campus): |
| Current Mailing Address: | Total Expenses (not exceeding $100): |