



Accounting and Finance Endowment Fund (AFEF)

Reimbursement Checklist

Please note that all reimbursement claims must be **submitted within one month** of the event. Reimbursements will only be made directly to clubs, and **not** to specific individuals. Before submitting your reimbursement request, please ensure that the following items are included in a large envelope:

- AFEF Payment Requisition Form
- Itemized photocopies of receipts and invoices/contracts (if applicable to event)
- Screenshot of AFEF proposal result email
- Provide a 100-250 word report on how AFEF's funding directly helped the initiative
- Provide photos, screenshots, brochures, or flyers showing how AFEF is being promoted at your event
- Other:

By signing below, you understand that all the above checked off items (applicable to your event) must be met in order to be reimbursed and understand that any expenses submitted can be denied if AFEF deems it to not meet its educational mandate.

Activity/Club Association: _____

Representative: _____ Signature: _____

Date: _____

Payment Requisition Form

Please complete all fields noted below. All expense line items **must** be supported by photocopies of receipts. Expenses not supported by photocopied receipts will be void and will not be reimbursed. Individual cheque requests should be made through the Federation of Students Cheque Request Form.

Club/Society (As requested to appear on the issued Cheque): _____

Club/Society Representative: _____

Representative Position: _____

Representative Email: _____

Affiliation (please check one):

Federation of Students Club

Federation of Students Society (Specify): _____

Other (Specify): _____

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/USD/EUR)
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.
- I give consent to AFEF to contact me at the email provided above about information and updates regarding this reimbursement

Signature of Representative: _____

Date: _____

Signature of AFEF Chair: _____

Date: _____