



Student Medical Society of Saskatchewan
 Unit B526, 107 Wiggins Rd
 Saskatoon, SK
 S7N 5E5

treasurer.smss@gmail.com

This form **must** be filled out **completely** with **original receipts** attached, then submitted on www.saskmedstudents.com, to receive a reimbursement. Send questions to treasurer.smss@gmail.com.

Line item refers to the budget item the expense is to be applied to. The budget can be viewed at www.saskmedstudents.com.

Common line item: Gas Money **(48)**

Name: _____ NSID: _____ Student #: _____ Year: _____

Email: _____

Address: _____ City: _____ Postal Code: _____

Expense Title: _____
 (e.g. AMGITS Comedy Night Fundraiser)

Budget Line #	Date DD/MM/YY	Expense Description	Amount
Subtotal			
Total Claim			

I certify that the information on this form is accurate, and that these claims are approved SMSS expenses. Additionally, I confirm that I personally incurred these expenses, and the expenses have not been claimed with another organization.

Signature: _____ Date: _____

Treasurer Use Only Approved: Y N Distributed: Y N; Date: _____ CHQ: _____