Please note: All original receipts must be attached to the voucher form. Debit and Credit card receipts must be accompanied by the original purchase receipts.

Date:       Department Name:

Total amount requested: **$**

GST amount ONLY (if no GST, indicate N/A): **$**

Description of reimbursement:

|  |  |  |
| --- | --- | --- |
| **DEPARTMENT ACCOUNT NUMBERS:** | **OR** | **AWARD ACCOUNT NUMBERS:** |
| **Account(5 Digits)** | **Department (4 Digits)** | **Sub-Department(4 Digits)***if required* | **Account(5 Digits)** | **Award(5 Digits)** | **Project(4 Digits)***if required* |
|       |       |       |       |       |       |

Authorized by (name printed):

(Must have signing authority for Department)

Authorized by (signature):

Cash received by (name printed):

Cash received by (signature):

(To be completed by Financial Services :)

Amount reimbursed: **$**

Reimbursed by:

**Please confirm availability 204-988-7616 or email m.pratap@uwinnipeg.ca**