Student Reimbursement Package

Professional Activities Fund

This package is meant for out of pocket expenses, which have been approved by the Professional Activities Fund (PAF) Committee and/or Committee Chair.

When all correct documentation has been submitted, reimbursement can be expected within 30 days.

Checklist: if the following requirements are not checked off(met) your package will be returned to you, delaying your reimbursement.

☐ My direct deposit is set up in the SSC
OR
☐ My address is correct in the SSC
☐ Receipts include payment information
□ Receipts are itemized
☐ Shipping receipts include me as the payee
☐ Amazon and/or Ali Express - All Shipping receipts mention 'shipped'
☐ Map is included for mileage
☐ All participants are listed for travel/meals
☐ Credit Card Snapshot provided for items that don't show payment information clearly. (ie. Credit card information, please redact any non-relevant information and credit card numbers)
☐ Each receipt is a separate file (ie. PDF, jpeg, word doc) and coincides with description in table on Page 2
☐ If someone else paid for the expense, I have filled out the Alternative Payee Form.
☐ I have reviewed and followed, the examples included in the Resources section of this package



Name: must match name(s) on PAF Application Student Number: Mailing Address:		Date: Email Address:		
				Approved Amount \$: 300
		Date	Description	Amount
	Description	Amount	currency	
	TOTAL:	0		

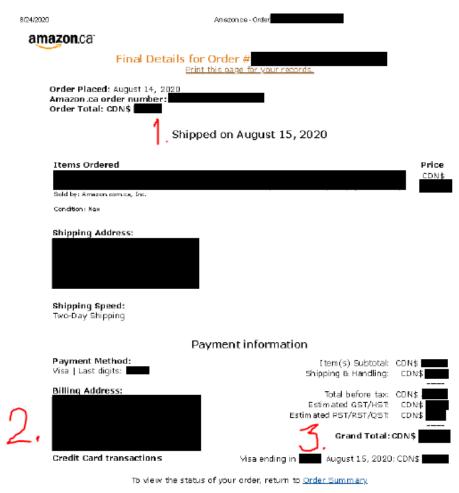


Resources:

Shipping Invoices:

Shipping invoices must indicate that they have already been shipped. They must also have payment information indicated somewhere on them. Find an example amazon invoice below.

- 1) Indicates it was shipped
- 2) Billed to the person receiving the reimbursement
- 3) Payment information indicated



Please note: This is not a VAT invoice.



Resources continued:

Credit Card Snapshot Example:

Personal Information can be redacted.



Itemized Receipt and Payment Receipt Example:

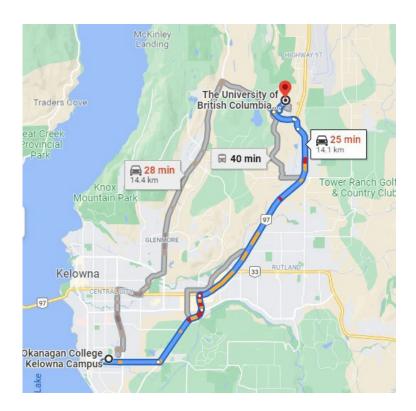




Resources continued:

Mileage:

Example Map for Mileage Reimbursement. For the below example, a round trip would be 28.2 km. Trips must be started at the regular place of work, in this case the University of British Columbia campus.





Alternate Purchaser:

l,		
,	(name of payee)	
allow_		
	(name of claimee)	
to rece	eive the reimbursement for the purchase of	
		(description of purchase)
that I n	nade on	
	(date of purchase)	
	Signature of payee	

^{*}Note: All reimbursements must be accompanied by proof of purchase.