

## OICCU Expenses Claim Form

Name ..... College .....

Date	Items Purchased and Reason	Price
<b>Total</b>		

Signature .....

Counter-signature.....  
(by another rep or i-rep from your college)

**Please attach receipts, highlighting the relevant items for repayment**

*Please pass or pidge this form to the Treasurer (General or Mission Accounts) or the Assistant Treasurer (College Accounts)*

-----Official Use Only-----

Cheque No:

Date Paid:

Signed:

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