

ISSS Athletics Reimbursement Fee Assessment Form

Personal Information

Name		Email	
Year			

Please attach a screenshot of your BearTracks showing that you are currently enrolled in the Faculty of Science.

Activity Information

Description of Activity for which you are requesting reimbursement:
Briefly, describe how this activity benefits you: (50 words max)

Reimbursement Information

- Please attach a receipt showing the registration cost of the activity you registered in.
- The amount requested for reimbursement may not exceed 50% of the cost of registration or \$50 (whichever is lower).

Cost of Registration	\$
Amount Requested for Reimbursement	\$

FOR INTERNAL USAGE

<input type="radio"/> Approved <input type="radio"/> Not Approved <input type="radio"/> Approved, for alternate amount _____	Director of Athletics signature _____
	VP Programming signature _____
	Date : _____