McMaster Students Union 2019-2020

Clubs Claim Form

DATE:

Contact Information

|  |  |
| --- | --- |
| **Official Club Name** |  |
| **Exec Name & Position** |  |
| **Club Contact Email** |  |
| **Current MSU Funding Remaining** |  |

Bank

(Pick One) PACE CIBC Other: \_\_\_\_\_\_

**Staple Numbered Original Receipts Here** in an Envelope

When Complete, Please Submit This Form With All Attached Receipts to the **MSU Accounting Clerk in MUSC 201**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Club Claims

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event Name** | **Date** | **Vendor (Store)** | **Item Description** | **Amount (Including HST)** |
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|  |  |  | TOTAL |  |

Clubs Department Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_