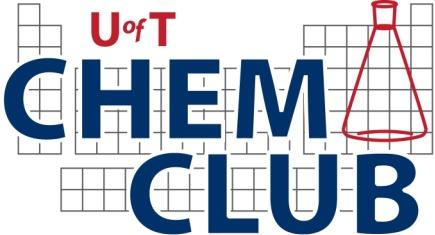
**University of Toronto Chemistry Club**

Lash Miller Chemical Laboratories

80 St. George Street

Toronto, ON M5S 3H6

chemclub@utoronto.ca

****The U of T ChemClub is happy to reimburse the transportation of its membership from Scarborough and Mississauga campuses to attend ChemClub events in downtown Toronto.

**Transportation Reimbursement Form**

***Please attach any prove of transportation (e.g. receipts), and submit the following request form to:***

***Chem Club President***  ***Sam Dudra*** ***sam.dudra@mail.utoronto.ca or***

***Treasurer***  ***Matthew Zambri*** ***matt.zambri@mail.utoronto.ca***

**Keep receipts for all events till the end of each semester.**

We will provide full reimbursement on all public transportations provided by TTC and GO transit (up to $15 for each trip).

For taxi or similar form of transportation (i.e., ridesharing), we will reimburse a quarter of the total cost per person (up to $15 for each trip).

Should you decide to drive, we will also reimburse for your gas by distance between the campuses and your parking for the duration of your stay up to 5 hours.

**The executive team reserves the right of final decision on the reimbursement.**

***Contact Information***

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lab affiliation:

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office:

***Event(s) Information***

Summer term Fall term Winter term

Name of Event(s) attended:

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of transportation:

Passenger(s) if you are ridesharing or driving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Transportation reimbursement***

**Total amount requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Name to which cheque should be addressed if granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email to which e-transfer should be addressed if granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note that proves of transportation and receipts will be requested.)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: