



## REQUEST FOR REIMBURSEMENT OF EXPENSES

### طلب تسديد مصاريف

Name in Arabic \_\_\_\_\_ Name in English \_\_\_\_\_

Student File # \_\_\_\_\_ Institution \_\_\_\_\_

#### **Address :**

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

#### EXPENSES TO BE PAID

NO	List of Expenses	Amount	Comments
1.			
2.			
3.			
4.			
5.			
6.			
Total Amount :			

### **ORIGINAL RECEIPTS MUST BE ATTACHED WITH THIS REQUEST**

يرجى أن تكون الإيصالات أو الفواتير أصلية

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date