

eTransfer for Disbursement Amounts for less than \$1000

Must attach receipts/invoices/minutes for disbursement

Please allow 3 business days to process fund transfer. MUST have Canadian Financial Institution account.

Organization/Club/Department Name: Medical Undergraduate Society (MUS)

Date:

Detailed Description	Account Code	Amount
	469-7100-03	
	TOTAL	

Payee (Legal Name): _____

Payee's Email Address:

Confirm Payee Email address:

Payee's Cellular Number:

Payee's Student ID Number:

Treasuer's Email Address: michalchukq01@gmail.com / ubcmedfinance@gmail.com

Treasurer's Phone Number: 403-630-1061

Treasurer's Approval (Signature): Juentin

Treasurer's Approval (Signature):	Luentin
For Office Use Only	
Verification:	
Date:	