Please answer all the questions in the boxes below

Request to create an External Committee Member for an Expense reimbursement	
Guest:	Yes ☐ No ☐
Student:	Yes ☐ No ☐
If applicable, student #	
First Name:	
Middle Name:	
Last Name:	
Phone Number:	
Phone Type:	Home: Work:
Address Line 1 :	
Address Line 2 :	
City:	
Province:	
Postal Code:	
Country:	
Email address:	
Email type:	Home: Work:
Payment	All payments are to be made by direct deposit
REQUIRED DOCUMENTS	**A VOID CHEQUE IS REQUIRED TO COMPLETE THIS REQUEST**
Select the term end date. After this date, the ECM will no longer be able to receive a reimbursement. This date can be modified later on by requesting an update if the ECM needs to be reactivated.	
Term end date:	
Comments:	