

* Please submit re-form to the Student Service Centre

Library Membership Reimbursement

Dr./ Mr. /Ms / Mrs. (delete accordingly)

Family Name: _____ First Name: _____

Student ID: _____ Email: _____

Program: _____

Reimbursement of library membership for: (Tick accordingly)

NTU Singapore Polytechnic Ngee Ann Polytechnic NIE

NUS Nanyang Polytechnic Temasek Polytechnic

Amount: S\$ _____

Student Signature/Date: _____

Validated by Program Executive: _____

* Please attach original receipt

* You will be notified by email when the reimbursement cheque is ready for collection.

For Official Use Only

Received by: _____ Date : _____
(Name)

Z:\Library\Library Forms\Library Membership Reimbursement Form (w new logo 2010).doc

We are located at:
Student Service Centre,
#04 - 04

Operating Hours:
Monday – Thursday: 10.00am – 7.00pm
Friday: 9.00am – 10.00pm
Saturday: 9.00am – 8.00pm
Sunday: 9.0 0am – 5.00 pm