

New Westminster Teachers' Union

209 – 800 McBride BLVD New Westminster, BC, V3L 2B8 phone: (604) 526–8990 website: www.nwtu.ca

Reimbursement Claim Form for Unused Remedy Funds

Member Information – Required					
Member's Legal Name:	Member's Employee Number:	Member's School:			
Member's Mailing Address:	Member's Personal Email:	Member's Phone #			
D	d. II				

Purchases for Reimbursement with Unused Remedy Funds

Please submit as few receipts as possible.

Date of Receipt	Description	Vendor	Cost	Tax	Amount (Including Tax)
		TOTAL:	\$	\$	\$

PLEASE ENSURE ALL RECEIPTS AND TAXES ARE TOTALLED

Rationale for Purchases

The rationale should align with the New Westminster School District	ne expectations and guidelines for the use of it.	remedy funds as outlined by	
Member's Acknowledgement of I understand that incomplete, in of reimbursement claims.	f Purchases ncorrect, or unsigned claim forms will res	ılt in a delay for repayment	
Member's Name Printed	Member's Signature	Date	
For NWTU Office Use Only			
Authorizer Name Printed	Authorizer Signature	Date	
Date Claim Received	Date Claim Processed	_	
Reimbursement Total	New Balance for Unused I	Remedy Funds	
Cheque Number	Cheque and Updated Balar	Cheque and Updated Balance Mailed to Member	