



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 #

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 expectations and guidelines for the use of remedy funds as outlined by New Westminster School District.

Member's Acknowledgement of Purchases

I understand that incomplete, incorrect, or unsigned claim forms will result in a delay for repayment of reimbursement claims.

If I am to change sites within the District the items above are able to be transferred to the new site. If I am no longer an active employee of New Westminster School District the educational resources listed above must remain in the possession of District.

_____	_____	_____
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 Remedy Funds

_____	Cheque and Updated Balance Mailed to Member <input type="checkbox"/>
Cheque Number	