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

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

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	Date Claim Processed		
Reimbursement Total	New Balance for Unuse	New Balance for Unused Remedy Funds		
Cheque Number	Cheque and Updated Ba	Cheque and Updated Balance Mailed to Member		