

REIMBURSEMENT FORM

To ensure reimbursement, check with the **APPRENTICESHIP AND EDUCATION** office before you register.

1. Click on the highlighted fields below to fill in your information.
2. Print the form and attach the invoice, proof of completion (transcripts and/or certificates), and payment receipts.
3. Send all documents to the Apprenticeship and Education Office via email, regular mail or drop it off.
4. 7\ YW_ nci f 'Ya Uj' Zf' dUha YbhUbX'ghUi gi dXUhg"

How Can We Contact You? (Check all that apply): <i>Please note we have your home and mobile telephone numbers on file.</i>		<input type="checkbox"/> Email	<input type="checkbox"/> Text Message
		<input type="checkbox"/> Home Phone	<input type="checkbox"/> Mobile Phone
Name <div style="background-color: #f0f0f0; height: 20px; width: 100%;"></div>			
Email Address <div style="background-color: #f0f0f0; height: 20px; width: 100%;"></div>			
Address <div style="background-color: #f0f0f0; height: 20px; width: 100%;"></div>			
City/Province <div style="background-color: #f0f0f0; height: 20px; width: 100%;"></div>		Postal Code <div style="background-color: #f0f0f0; height: 20px; width: 100%;"></div>	
Employer Name <div style="background-color: #f0f0f0; height: 20px; width: 100%;"></div>		Union Registration # <div style="background-color: #f0f0f0; height: 20px; width: 100%;"></div>	
Course(s)	1. <div style="background-color: #f0f0f0; height: 20px; width: 100%;"></div>	Total Amount \$ <div style="background-color: #f0f0f0; height: 20px; width: 100%;"></div>	
	2. <div style="background-color: #f0f0f0; height: 20px; width: 100%;"></div>		
	3. <div style="background-color: #f0f0f0; height: 20px; width: 100%;"></div>		

TTF OFFICE USE ONLY

Date Received	Date Course(s) Taken 1. _____ 2. _____ 3. _____	Member Status
Total Prior Reimbursements in Current Year \$ _____		Eligible Not Eligible
Signature _____	Approved Declined OnHold Incomplete	\$ _____
Comments _____ _____ _____ _____		
Date Paid	G/L Acct	Cheque Number / EFT