



APPRENTICESHIP AND EDUCATION

REIMBURSEMENT REQUEST

Name		Today's Date	
Email		Phone	
Union Reg #		EFT Email (if different)	

COURSE INFORMATION (List each course separately)

Completion Date	Course Name	Cost
1.		\$
2.		\$
3.		\$
TOTAL		\$

OFFICE USE ONLY					COST	GL CODE
1. <input type="checkbox"/> PRE-APPROVED DATE	<input type="checkbox"/> DECLINED DATE	<input type="checkbox"/> ON HOLD DATE	<input type="checkbox"/> INCOMPLETE DATE	<input type="checkbox"/> APPROVED DATE	\$	
COMMENTS: _____						
2. <input type="checkbox"/> PRE-APPROVED DATE	<input type="checkbox"/> DECLINED DATE	<input type="checkbox"/> ON HOLD DATE	<input type="checkbox"/> INCOMPLETE DATE	<input type="checkbox"/> APPROVED DATE	\$	
COMMENTS: _____						
3. <input type="checkbox"/> PRE-APPROVED DATE	<input type="checkbox"/> DECLINED DATE	<input type="checkbox"/> ON HOLD DATE	<input type="checkbox"/> INCOMPLETE DATE	<input type="checkbox"/> APPROVED DATE	\$	
COMMENTS: _____						

Prior reimbursements to date \$	Processed by:	Total Paid \$
Date posted	Date paid	EFT/Ck #

Click OR print (neatly) in the GREY fields to enter your information. DO NOT complete the sections below OFFICE USE ONLY.

Email this form along with the invoice, proof of completion and payment receipt(s) to reimbursements@oe955.com

Check your email for payment confirmation and/or letters we may send for follow-up information.

Remember to update your TRADES WALLET!