

Cheque #

Date



Retirement Gift Claim Form

Name: _____

Home Mailing Address: _____

Postal Code: _____

Home or Cell Telephone Number: _____

School: _____

Retiree's Name: _____

Retiree's School: _____

Date of Retirement: _____

Expenses (Attach receipts)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Grand Total (CDN) \$ _____

Signature: _____

Date: _____

Please note:

*Retirement gifts will be reimbursed to a limit of \$200 CAD, including cards and wrap.

*No near-cash gifts are permitted for reimbursement (eg. gift cards)

* Claims must be submitted by June 30th