

Newfoundland and Labrador Association of Occupational Therapists



Reimbursement claim form

Name: _____ E-Mail: _____

Funds to be reimbursed in relation to:

☐ Public Relations ☐ Education ☐ Executive ☐ Other

Prior approval received? ☐ Yes ☐ No

If yes, approved by _____ (committee member) on _____ (date).

Item Description	Total amount
Total due	

Preferred method of reimbursement:

☐ EMT. Email address: _____

☐ Cheque. Full mailing address required: _____

Date: _____ Signature: _____