

WQSB/WQTA PIC CREDIT COURSE TUITION CLAIM 2016-2017

NAME: _____

SCHOOL: _____

***DIRECT DEPOSIT REQUEST* I, _____, request direct deposit, as per my biweekly salary instalments, of this expense reimbursement.**

**** Valid e-mail for notification: _____**

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BANK

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BRANCH

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ACCOUNT

***** Home address: _____**

(signature)

(date)

Course

Course Title: _____

Course Number: _____ Number of Credits: _____

Course Began: ____/____/____ Course Ended ____/____/____
DD MM YY DD MM YY

Institution: _____

- 1 Please attach transcript; which indicates successful completion of course.
- 2 Tuition \$ _____
Please attach original receipt

Applicant's Signature: _____ Date: ____/____/____
DD MM YY

Please **MAIL** this claim to WQTA at:
50 Noël, #4, Gatineau, Qc. J8Z 2M4