

WQSB/WQTA PIC CREDIT COURSE TUITION CLAIM 2011-2012

NAME: _____

SCHOOL: _____



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

(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