

WQSB/WQTA PIC CREDIT COURSE TUITION CLAIM 2020-2021

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: _____

- ❶ Please attach transcript; which indicates successful completion of course.
- ❷ Tuition \$_____ (maximum \$750)
Please attach original receipt

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

Please **MAIL** this claim to WQTA at:
183 Ch. Freeman, #102, Gatineau, Qc. J8Z 2A7