

**CUPFA Professional Development
Small Claims - Application Form**

DO NOT SEND ANY RECEIPTS WITH THIS APPLICATION!

Please print clearly using dark colored ink (or complete a copy of this form available at www.cupfa.org and send us a hard copy). Return to **Leslie Cohen, CUPFA, S-K- 340**. Your application must be received by CUPFA, no later than **3 p.m., 15 January, 2007**. If your application is accepted, you will receive further documents from us. Your claims will be processed between February and March 31, 2007.

Name _____ Credits of Seniority _____

Note: You must have 24 or more credits

Department(s) _____ Faculty(ies) _____

Home
Address _____

Street City Province Postal Code

Email _____ Telephone _____

Have you received small claims in the past? [] No [] Yes

If so, please indicate which academic year(s) _____

Please note items you wish to claim (please be as specific as possible) and amounts (in CAN\$). Use the back of the form if extra space is required. Estimates for purchases you have yet to make may be included. Please identify them as estimates. Acceptable items are listed in Professional Development News - 2006-2007. When processed at a later date, **original receipts must be in your name.**

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total \$ _____