

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

DO NOT SEND ANY RECEIPTS WITH THIS APPLICATION!

Please print clearly using dark coloured ink and return to **Lorraine Oades, CUPFA, S-K- 340**. Your application must be **received** by CUPFA, no later than **3 p.m., January 15, 2016**. If your application is accepted, you will receive further documents from us. Your claims will be processed by CUPFA between February and March 2016. They should be processed by the University by May 1, 2016.

Name _____ Credits of Seniority _____
You must have 12 or more seniority points on the February 1, 2016 Seniority List

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 "Instructions for Professional Development Small Claims" 2015-16. When processed at a later date, **original receipts must be in your name**.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____