



Kinesiology Benefit - Claim Form

Name :	Department :
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Date	Description of Expenditure (ATTACH RECEIPTS)	GST Paid	Total	Account #	Amount	GST Rebate
				<i>KINESIOLOGY BENEFIT</i>		
TOTAL CLAIM:						

<p>Signature:</p> <p>Claimant : _____</p> <p>Date : _____</p>
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<i>For Office Use Only</i>	
Employee # _____	Authorized by: _____
Amount Claimed \$: _____	EFT Cheque #: _____
GST Paid/Rebate: _____	Date: _____
Net Amount Claimed: _____	

Please submit completed claim form with receipt of payment to Kerry Stefaniuk (STM146D)
(Claims received by the 15th of the month will be processed within the same month)