



Newfoundland and Labrador Association of Occupational Therapists

Reimbursement Claim Form

Name: _____

Address: _____

E-mail: _____

Phone#: _____

Item Description	Amount	Taxes	Total
Total Due			

Date: _____ Signature: _____

Please submit **receipts** and **completed form** to:

Paper submission: NLAOT Treasurer, P.O. Box 5423, St. John's NL, A1C 5W2

OR

Scanned electronic documents: treasurer@nlaot.ca