



## Artistes-peintres sur porcelaine du Québec

### Reimbursement Request Form

Please print

Student's name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Class topic: \_\_\_\_\_

Class date and location: \_\_\_\_\_

I, the teacher named above, certify that the student identified on this form attended and completed the described class.

Teacher's signature \_\_\_\_\_

Date \_\_\_\_\_

#### Reimbursement conditions:

The student must be a registered member of Artistes-peintres sur porcelaine du Québec.

It is mandatory that the class take place in the province of Québec; the teacher's birthplace is irrelevant in this matter. The class must be about porcelain painting (no matter the difficulty level).

This form, filled out and signed, must be submitted no more than 4 months after the end of the class.

This form must be signed on the last day of the class.

Only one reimbursement per student per year is allowed (from January 1<sup>st</sup> to December 31<sup>st</sup> of the current year).

Artistes-peintres sur porcelaine du Québec reserves the right to verify the above information before approving the reimbursement request.

The reimbursement amount determined on the signature date of this form will be sent by cheque through mail to the provided mailing address.

Once filled out and signed, please return this form either by email to [peintresporcelaine.quebec@gmail.com](mailto:peintresporcelaine.quebec@gmail.com) or by mail to Diane Le Houillier, 505 des Cascades Street, Ste-Catherine, QC J5C 1Y4.

Please allow up to 2 months after the request is received for the reimbursement to be processed. An email will be sent to inform the student that the request has been received, then another email to inform whether the reimbursement will be issued or not (with an explanation) and, if approved, the mailing date of the cheque.

As of January 1, 2025, the reimbursement amount is \$50.00 CAD.

Administrative Section				
Approved?	YES	NO	If yes – Check no.:	Date:
Approved by:			Amount:	\$
Date received:			Date processed:	