

Please send completed form, and associated receipts to westernpma@uwo.ca, and indicate if you would prefer payment by cheque or *Interac* eTransfer.

Receipts attached

Interac eTransfer

Date _____

Employee Name _____

Department _____

Submitted by _____

Phone _____

Email _____

Retirement Date _____

Description of Purchase	Amount
_____	_____
_____	_____
Total	_____

I, the undersigned, authorize the PMA Western to allocate the PMA portion of my retirement gift, in the amount of up to \$250, **to my department** in reference to the aforementioned gift.

Or,

I, the undersigned, confirm that I have purchased my own retirement gift and would request a reimbursement from the PMA Western in the amount of up to \$250.

Employee Signature _____

Mailing Address (Please print clearly)

Street Address _____

City _____ Province _____

Postal Code _____

Treasurer Use Only		
Cheque/Reference No.	Amount	Date