



United Federation of Teachers
A Union of Professionals

HEARING OFFICERS PER SESSION HEALTHCARE REBATE— DOCUMENTATION OF EXPENSES

Member’s Name _____

UFT ID # or Last 4 digits of Social Security Number _____

Please provide an itemized list of the documentation you are submitting along with the name of the person for whom the expense was incurred and their relationship to you, payment date, and amount paid (columns 1 – 4). Attach copies of the documentation to this form. Leave Column 5 blank.

Return this form, along with application and documentation to Mr. Michael Etzin, Accounting Department, United Federation of Teachers, 52 Broadway, New York, NY 10004 no later than December 1, 2019.

YOU MAY USE ADDITIONAL PAGES IF NECESSARY.

Column 1

Column 2

Column 3

Column 4

Column 5

<u>Documentation submitted</u>	<u>Name of person for whom expense was incurred and relationship to you</u>	<u>Date expense was paid</u>	<u>Amount of expense</u>	<u>Approval (to be completed by UFT)</u>

TOTAL AMOUNT OF SUBMITTED EXPENSES (sum of expenses in column 4) \$ _____