

Union of Tertiary Educators of The Bahamas (UTEB) Application For Emergency Relief

	(Name of Member)	
Hereby make application for Emergency Relief. Below is a summary of my request with supporting documentation (receipts/invoices).		
	/	
Signature of Applicant		
Email Contact:	Telephone Contact:	
NOTE:		
1. Please allow up to 10 working days be notified via the contact information	for processing the application request. The Applicant will on listed on the application.	
2. If approved, financial assistance sha submitted), not to exceed \$500.	all be 25% of the overall bill (from receipts/invoices	
3. This assistance may be accessed on	nce per financial year.	
OFFICIAL USE ONLY:		
TOTAL BILL (BASED ON RECEIPTS/I	INVOICES)	
AMOUNT AWARDED BY UTEB		
COMMENTS:		
Treasurer Signature/Date:		