

NEW RETIREE RECOGNITION PROGRAM

REIMBURSEMENT FORM

LOCAL ASSOCIATION

DATE

NEW RETIREES IN ATTENDANCE

DESCRIBE BRIEFLY THE KIND OF MEETING HELD AND THE PROGRAM PRESENTED. WE WOULD APPRECIATE A COPY OF THE PROGRAM OR AGENDA IF AVAILABLE.

_____ X \$15.00 = _____
of new retirees in attendance TOTAL

Number of ADD Cards signed and returned: _____

Name of Local Association

Local Unit President's Signature

Phone Number

Please return the reimbursement check to the following person:

NAME / ADDRESS

CITY / STATE / ZIP

Return completed form to: **Kentucky Retired Teachers Association**
7800 Leaders Lane
Louisville KY 40291