



**TWU Local 100
Solidarity Fund Benefits
Reimbursement Request Form**

Date submitted: _____

Name: _____
(Please Print)

Pass#: _____

Contact Number: _____

Laid off date: _____

Department: _____

Signature: _____

Cobra invoice number	Cobra Account number	Cobra invoice period	Amount

Please attach the following:

Cobra Invoice/Bill ☐

Proof of payment (choose one of the following)

Bank Statement ☐

Credit card Statement ☐

Cancelled check ☐

Do Not Write Below This Line

Do Not Write Below This Line

For Accounting Office Use Only

Approved by: _____