

District Council 37  
Office of Accounting

# Union Dues Refund Request Form

|                             |
|-----------------------------|
| Submit completed forms to:  |
| DC37 Room 501               |
| 125 Barclay St NY, NY 10007 |

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

SS# \_\_\_\_\_

Agency \_\_\_\_\_ Local \_\_\_\_\_

Date of First Check \_\_\_\_\_ Date of Last Check \_\_\_\_\_

### LIST ALL CHECKS ON REVERSE SIDE

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### College Assistants only: (Local 2054)

Are checks in order  yes  no If no, this request will be returned.

Are there any checks totaled 35 hours or more?  yes  no . If yes, please DO NOT include.

### DC 37 Office of Accounting complete below:

BS10-350-561- \_\_\_\_\_ DUES & A/S FEES \$U \_\_\_\_\_

BS10-350-561- \_\_\_\_\_ DUES & A/S FEES SU \_\_\_\_\_

Invoice # \_\_\_\_\_

Check # \_\_\_\_\_ Batch # \_\_\_\_\_

Prep by \_\_\_\_\_ Rev by \_\_\_\_\_ Date \_\_\_\_\_

