



Newell Christian School
Box 100
Brooks, Alberta T1R 1B2
403-378-4448

Reimbursement Form

EMAIL TO

shannon.ruppert@
newellchristianschool.com

Deadline to
Submit:
May 15th

Remember to **SIGN** this form.

Instructions:

1. Record in the table below the required information for each individual receipt for which you are wanting reimbursement.
2. Include the receipt for each individual purchase amount for which you want reimbursement.
3. Do not separate the GST from the receipt amount.
4. Do not include personal items in your purchase(s) of home education resources for which you want reimbursement.

Mother's Name: _____ FIRST _____ LAST _____ Parent Signature: _____
Father's Name: _____ FIRST _____ LAST _____ Date of sending this form: _____
Name of child homeschooled with us during this school year: _____

SUPPLIER/ STORE NAME	WHAT DID YOU PURCHASE? (General Description)	FOR WHICH SUBJECT / COURSE?	TOTAL AMOUNT OF RECEIPT IN CAN \$ (include GST)	GST AMOUNT
NOTE: Do NOT list separately each individual item listed in a receipt; write only the sum total amount of the receipt.				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
			TOTAL for all receipts listed above:	\$ _____

Don't Forget...

For OFFICE USE ONLY	Actual Reimbursed Amount	GST Amount
Confirmation # _____ Date: _____	\$ _____	\$ _____
Requested reimbursement amount available? Yes <input type="checkbox"/> No <input type="checkbox"/> Avail: \$ _____		
Total amount available after receipt is paid: _____	\$ _____	\$ _____

Payment Approved by: Janine Jordan

Signature: _____

Payment Processed by: Shannon Ruppert

Signature: _____