



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

# Reimbursement Form

## EMAIL TO

shannon.ruppert@  
newellchristianschool.com

### 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.

Deadline to  
Submit:  
May 15th

Remember to **SIGN** this form.

Mother's Name: \_\_\_\_\_ FIRST \_\_\_\_\_ LAST \_\_\_\_\_ Parent Signature: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ FIRST \_\_\_\_\_ LAST \_\_\_\_\_ Date of sending this form: \_\_\_\_\_  
Name of child homeschooling 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
<b>NOTE: Do NOT list separately each individual item listed in a receipt; write only the sum total amount of the receipt.</b>				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
<b>TOTAL</b> 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: \_\_\_\_\_