



# Reimbursement Form

EMAIL TO	MAIL TO
finance@thee.ca	EICS/THEE 310 Broadview Rd. Sherwood Park, AB T8H 1A4

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: \_\_\_\_\_  
 Names of children 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 for all receipts listed above:</b>			\$	\$

Don't Forget...

For OFFICE USE ONLY			Actual Reimbursed Amount	GST Amount
Confirmation #	Date:	GST Exempt	\$	\$
Requested reimbursement amount available? Yes <input type="checkbox"/> No <input type="checkbox"/>		Avail: \$	\$	\$
Reimbursement based on receipts:			\$	\$
Does the balance qualify for the ≤ 25% payout? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, state the amount for payout reimbursement: \$	
<b>TOTAL Reimbursement Amount (receipt &amp; payout):</b>			\$	