



## HOPE CHRISTIAN SCHOOL

Box 235, Champion, AB T0L 0R0

Phone: (403)897-3019 Fax: (403)897-2392

[secretary@hopechristianschool.ca](mailto:secretary@hopechristianschool.ca)

### Receipt Submission Form

1. Record in the table below the required information for each individual receipt for which you are wanting reimbursement (one receipt total per line – rather than one “item” per line please).
2. Include the receipt for each individual purchase amount for which you want reimbursement.  
Note: If item is in US dollars, please include the credit card statement to show conversion rate (black out all information not pertaining to the receipt/conversion).
3. Please include the GST in the amount.
4. Receipts with personal items will NOT be accepted. Submitted receipts must ONLY have items related to homeschooling.
5. Reimbursement will only be made for resources/activities that support your child’s Program Plan. Please ensure resources/materials are listed on your child’s program plan.
6. Return this form and the required receipts for each listed purchase to Hope Christian School (address listed above).

Cheque Payable To:	
Parent/Guardian Name (Print):	
Address:	Home Phone Number:
City:	Postal Code:
Student Name(s):	Grade(s):
Parent/Guardian Signature:	
Date Submitted:	Facilitator:



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DATE OF PURCHASE	SUPPLIER	WHAT DID YOU PURCHASE	FOR WHICH CHILD IS THIS RESOURCE	FOR WHICH SUBJECT(S) IS THIS RESOURCE?	ON YOUR CHILD'S PROGRAM PLAN	TOTAL AMOUNT OF RECEIPT
09/5/2018	CHER-CALGARY	SAXON ALGEBRA 5/ BJU LA/ SCIENCE FOCUS	JOE & JANE	MATH / LA / SCIENCE	Yes	316.50
For office use only Paid by cheque # _____ Date of cheque: _____				Total of All Receipts Listed Above		
				Approved Reimbursement Amount		