



St. Paul Education Regional Division No.1

Educational Program Funding
Expense Reimbursement Application

Student Name:	Grade:	School Year: 2023-2024	Payable to: Mailing Address:
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***Please note: Original receipts are required for all claims (proof is required for reimbursement in CDN \$ for US purchases).**

****Receipts for the 2022-23 school year will not be accepted after May 31, 2024.**

Supplier:	Description of Item or Service:	Net	GST	Total CND \$ (incl. GST):	Educational Purpose:
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.	Total:	\$			

Parent/Guardian Signature: _____ Date: _____

For office use only:	Expense code(s):
	Approved by: _____ Date: _____