



STUDENT EMERGENCY FUND
Reimbursement/Expense Form

2024-25

SEF #

Attention: Kellie Brace
E-mail: kbrace@hpedsb.on.ca

School: _____ School Contact: _____

Funds Granted for food: \$

Funds Granted for other items: \$

Expenses (*list and scanned receipts MUST be attached to be reimbursed*):

| Description | Amount |
|-------------|--------|
| | \$ |
| | \$ |
| | \$ |

Please provide anecdotal evidence of impact, such as testimonials, stories, or photographs showing how the funds benefited student(s).

Total Funds Expended: \$

Principal's Signature:
*(*Required)*

Date:

This form is to be emailed to Kellie Brace.
Along with a scanned copy of corresponding receipts. Thank you!