



STUDENT EMERGENCY FUND

2018 - 19

Expense Form

Attention: Maribeth deSnoo
 E-mail: mdesnoo@hpedsb.on.ca



School:	
Principal:	
Funds Granted: \$	S.E.F/I.O.F. Request No.:
This was a Len & Olive Black Memorial Fund request: <input type="checkbox"/> Yes <input type="checkbox"/> No This was a request to support an athletic equipment purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No This was a Bring Your Own Device purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expenses (list and original receipts MUST be attached in order to be reimbursed):	
Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Funds Expended:	\$
Principal's Signature: (*Required)	Date:
This form is to be forwarded to The Learning Foundation Offices. A reimbursement cheque will be delivered via Board courier.	
FOR OFFICE USE	
Reconciled with Request Form	
Request No.	
To Accounting for Cheque Processing	

The Student Emergency Fund is proudly sponsored by:

