|  |  |
| --- | --- |
| **School:** | **Principal:** |
| **Funds Granted: $** | **SEF Request #:**  |
| This family may be willing to share how SEF funds YEShave supported them to help benefit more families NO |
| **Expenses *(list and scanned receipts MUST be attached to be reimbursed)*:** |
| **Description** | **Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Funds Expensed:** | $ |
| **Please provide anecdotal evidence of impact,** such as a written testimonial, a story, or photographs to show how the funds benefited student(s). Personal information will not be shared publicly. |
| **Principal’s Signature*****(\*Required)*** | **Date:** |
| **This form is to be emailed to: kcooper@hpelf.ca along with a scanned copy of corresponding receipts. Thank you!*****Reimbursement* will *be provided via EFT – please sign up if your school hasn’t yet!*** |

**STUDENT EMERGENCY FUND**

**Expense Form**

**Attention: Kerri Cooper**

**Email: kcooper@hpelf.ca**

2025-26