|  |  |  |
| --- | --- | --- |
| **School:** | **Principal:** | |
| **Funds Granted: $** | **SEF Request #:** | |
| This family may be willing to share how SEF funds YES  have 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**](mailto:Email:%20kcooper@hpelf.ca)

2025-26