2026-27

STUDENT EMERGENCY FUND
Expense Form

Attention: Vicky Struthers
Email: vstruthers@hpelf.ca

School:	**Principal:**
Funds Granted: $	**SEF Request #:**

This family may be willing to share how SEF funds have supported them to help benefit more families ☐ YES ☐ 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: vstruthers@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!