

## NORTHERN HOME EDUCATION CENTRE

## HOME EDUCATION FAMILY REIMBURSEMENT FORM

RECEIPT DATE for 2024-2025 funding year	LIST THE STORE NAME OR THE NAME OF THE INDIVIDUAL WHERE THE EXPENSES WERE INCURRED	O GST AMT	U.S. FUNDS AMT \$  (must also provide Cdn dollar amount AND proof of conversion)	CANADIAN FUNDS AMT \$\$
WONTH DAT	WHERE THE EXI ENGLO WERE INCORRED	GSTAWI	conversion)	
	TOTAL SUBMITTED (IF different f	rom Total Amount F	Paid to Claimant):	
	TOTAL AMO	UNT PAID TO CI	_AIMANT: \$	
ICE USE ONLY	<u> </u>		Code Accounting:	1-640-100-000-
		Subject(s):		
		Subject(s):		
Student:		Amount:         Subject(s):           Amount:         Subject(s):		
	Amount: Amount:		ect(s):	
		<u> </u>	.,	

 $\ \square$  Direct Deposit

☐ Cheque

APPROVED FOR PAYMENT