Date Submitted: _____

Cherry Coulee Christian Academy
Homeschool Reimbursement Claim Form

Please attach your original receipts to this form.

Family : (last name): _____ (father): _____ (mother): _____
Address: _____ Phone: _____
Students: _____

date purchased	purchased from store / company / institution name	item name or description	receipt total (with GST & shipping, if paid)

Total Value $_____
of Receipts to be Reimbursed

Please mail your completed form with attached receipts to:
Cherry Coulee Christian Academy Box 10370 Bow Island AB T0K 0G0

If you have further questions or would like to submit receipts for any one item over $100,

revised September 2018