St. Paul Education
Regional Division No.1

Student Name:	Grade:	School Year:	Payable to: Mailing Address:

*Please note: Original receipts are required for all claims (proof is required for reimbursement in CDN $ for US purchases).**

Receipts for the current school year will not be accepted after May 31.

Supplier:	Description of Item or Service:	Net	GST	Total CND $ (incl. GST):	Educational Purpose:
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.	Total:	$			

Parent/Guardian Signature: _____ Date: _____

For office use only:	Expense code(s): _____ Approved by: _____ Date: _____