CHEK Across BC

REGISTERED FUNDS REIMBURSEMENT FORM 2011-2012

Parent(s) Name: _____ Phone #: _____

Student Name(s): _____

Mailing Address: _____

Purchased From	Description of Purchase	Date	Amount
		TOTAL:	

I certify that all receipts are for the education of my child(ren) *Registered* with CHEK Across BC.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

School Year:_____ Date Received: _____

Total Registered funds allotted:_____ Total Reimbursed:_____

***Please include copies of all receipts recorded on this form.**

Mail to: CHEK Across BC, 810 Tenth Street, Nelson, BC V1L 3C7