

## **CBE HOME EDUCATION REIMBURSEMENT CLAIM**

or Education	1 <sup>st</sup> claim submitted this year 2 <sup>nd</sup> claim submitted this year									
Student Name:						Grade:				
Parent/guardian name (please print):						Student CBE#:				
Parent signature:						Date submitted:				
Cheque payable to:										
Address:						Contact number:				
City:						Postal code:				
Facilitator name:										
Program: ☐ Homeschooling ☐ Bel-Aire classes ☐ Online class ☐ Band Parent Portion ☐ 100%☐ 50% or ☐ 45% or ☐ 25% Other										
Reference# Date of Rec	eipt Su	upplier' Name	Item Des	scrij	ption	Amount	Office Use Only			
Total receipts for this claim: \$										
For Office Use Only:										
Program: Teacher Directed Portion:%										
Facilitator approval: Date:										
Principal approval: Date:										
Principal approval:					Date:					

## **Instructions:**

- One form per student 100% Homeschooling= \$901.00/year; 50/50 Shared Responsibility= \$450.50, Shared Responsibility/Band = \$405.45 25/75 = \$225.25
- Submit the form and the supporting documents in pdf format and in one file from Nov. 1 -Apr. 1 of the current school vear
- Name the file with the Last Name and First Name of the student and 2026 (e.g., Smith Robert 2026)
- Chronologically arrange the supporting documents with reference number written at the side of the amount in each receipt as per reimbursement summary (refer to the illustration on page 2). Please use larger dollar items where possible Internet(50% of yearly internet with receipt), Technology, etc
- If in US dollars, you must show conversion rate on date of purchase using a conversion calculator and attach
- Receipts must be legible
- Bill must show total charges with breakdown
- Any items here must also be in the Learning Plan under Resources
- Email this form and copies of the receipts to your facilitator within one PDF
- Reimbursements take 4-8 weeks to process from the time the form is submitted.

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Illustration: Chronological arrangement of the supporting documents with reference number written at the side of the amount as per reimbursement summary:

## Please refer to the 2<sup>nd</sup> page for further instructions

Reference No.	Date of Receipt	Vendor Name	Description of Item	Amount	Office Use Only:
1 1	October 1, 2021	Telus	Internet Services	360.00	
1	October 19, 2021	Amazon	Books	60.25	<b>1</b>
3	Ospober 25, 2021	Amazon	Consumables	16.79	
4	October 25, 2021	Amazon	Daily Reading Comprehension	29.69	1
5	Sovember 15, 2021	HP Canada	Printer	265.00	
	1111		Processor St.		

