Yukon
Education

AURORA VIRTUAL SCHOOL
REQUEST FOR REIMBURSEMENT

Date of Request _____

Parent Name _____

Mailing Address _____

Student Name _____

Grade _____

Office use only

Home Ed Plan _____

School Year _____

Important: Attach original receipts. Separate form for each student.

Date	Vendor	Description	Amount*

*** if purchased in US dollars, proof must be provided re value in CDN dollars**

Amount Requested _____

Amount Approved _____

_____

Section 29 (Certification Authority)

YG(6005EQ)F1 06/2014

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