



Ahousaht Education Authority
Post-Secondary Department
General Delivery
Ahousaht, BC
V0R 1A0
T: 250 670 9662 F: 250 670 9660

Textbook Reimbursement

LIST ONLY THE REQUIRED TEXTBOOKS. OPTIONAL TEXTS ARE NOT ELIGIBLE FOR COVERAGE.

To receive full reimbursement, ALL receipts must be attached to this form.

Date	
Student Name	
Student ID #	
School	
Program	

Textbook for the Semester of:

Fall 20__ <input type="checkbox"/>	Winter 20__ <input type="checkbox"/>	Spring 20__ <input type="checkbox"/>	Summer 20__ <input type="checkbox"/>
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Course Name:			
Text Title	Order #	Cost of Textbook	

X

Student Signature

X

Date

Office Use Only

I, Amy Jack, approve this form for reimbursement. Please make this reimbursement payable to the student listed above. Payment shall be made using this direct deposit information made available on the student's file unless the student requests otherwise.

Date Received	
Date of Payment	
Payment method	<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Cheque
PS Code	
Authorize by:	

X

Amy Jack
Post-Secondary Assistant

X

Date