SUDBURY STUDENT SERVICES CONSORTIUM

REQUEST FOR REIMBURSEMENT FOR BOARD LODGING

Payable to:				
Ž		Name of parent or legal guardian		
Address				_
Postal Code and Telephone Number				_
Student Name :		School :		
Lodging Information:				_
	Name	Address	Telephone Number	
ТО В	E COMPLETED 1	BY PARENT OR	GUARDIAN	
	PAREN'	Γ / GUARDIAN		
	nts the cost of board For the month of	lodging for the stude	ent listed above. : \$	orrect and
	FOR OFF	TICE USE ONLY		
1. MAXIMUM \$	25.00 x atter	ndance (in days) x	= \$	
2. AMOUNT OF REIMB	URSEMENT		\$	
PRINCIPAL'S SIGNATU	RE		_	

PLEASE SUBMIT REQUEST TO THE ADDRESS BELOW:

Sudbury Student Services Consortium 1760 Regent Street South, 1st Floor Sudbury, ON P3E 3Z8 (705) 521-1234 Fax (705) 521-1344