

IRHS Authorizing Signature

Participation Fee Reimbursement Form

Name:			School Year:		
•	e completed 20 hours of servi nt of your Parent Participation ne 30.				e any
To request a	Charitable Donation Recei	pt instead:			
	nere to indicate you do not wis a Charitable Donation Receip ber 15.		-		
-	claim a reimbursement of the red to a donation in the next		•		PPF
Date	Name of person in family completing the service	Service performed	Hours	Signature of organizer	
Select:	Please apply m	y refund to the next scl	neduled EFT from n	ny account.	
	Please issue a d	cheque.			
Signature:		Date	:		
For office use	only:		Amt of PPF Pd:		
			Date Paid:		

Method of Payment: