CHILDREN'S EDUCATION FUNDS INC.

Administrator for the *Children's Educational Foundation of Canada*

Receipt submission form for Educational Assistance Payment (EAP) request exceeding annual maximum threshold (2018/19 limit is $23,460).
All information provided on this form must relate to the 2018/2019 academic year.

Section 1 Beneficiary Information

First Name	Last Name	Agreement Number
eMail address		Telephone

Section 2 Receipts

Please provide an itemized list of all receipts to support the amount you have requested for your EAP and attach a copy of all receipts to this form. Receipts may include but are not limited to: Tuition, rent, books, food and other living expenses.

Date	Vendor name	Description of expense	Amount
		Total of all receipts provided	$ 0.00

Section 3 Beneficiary's Signature

By Signing below, you confirm that the information you have provided is complete and accurate.

Beneficiary's Signature	Date

Section 4 Review *(Office use Only)*

Signature	Date

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