



Hawaii Children's Cancer Foundation

1814 Liliha Street, Honolulu, HI 96817
 Phone: (808) 528-5161 Fax: (808) 521-4689
 www.hccf.org info@hccf.org

Book Reimbursement Expense Form

Applicant's Name _____ Date of Birth _____
 Address _____
 _____ Phone #: _____

Submit check to different name or address from above:

Name or Address: _____

Name of School: _____ Year 1 2 3 4 5 6 7 8

Description of Books/Equipment/Supplies: (PLEASE ATTACH A LISTING OF YOUR SCHEDULE OF COURSES)

Date	Course Title	Book Title	Price

Date	Course Title	Supplies & Quantity	Price

Date	Course Title	Equipment	Price

Total reimbursement: \$ _____

Student Signature: _____ Date: _____

HCCF Approval: _____ Date: _____