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: _____