



TEXTBOOK FORM

Post Secondary Student Assistance Program

Student Name: _____ Program: _____

List of Books	Cost	Professors Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

Total Cost: \$ _____

Return the completed form and all official receipts to the Listuguj Education Directorate. Please note that all reimbursements for books purchased over the initial dollars allocated in September must accompany the official receipts. All estimates for the winter session must be received in early December.

Absolutely no reimbursements will be made without receipts