

40% Credit Allocation Request for Reimbursement

To: Nova Scotia School Book Bureau
10 Acadia Street
Dartmouth, NS B2Y 4H3

From: Name of School _____

Full Mailing Address _____

Phone _____

Attached are the paid invoices, receipts or cancelled cheques for the following learning resource purchased under the 40% credit allocation system.

Title			
Publisher			
Author(s)		ISBN	
Date of Publication		Course and Grade Level	
Unit Price		Number of Copies	
Reason(s) for Purchase	<input type="checkbox"/> Examination copy only <input type="checkbox"/> Other. Please specify		
This learning resource is consistent with the Principles of Learning as outlined in <i>Public Schools Program</i>.			<input type="checkbox"/> Yes <input type="checkbox"/> No
This learning resource was evaluated for bias using the <i>Bias Evaluation Instrument</i>.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Teacher Evaluator Signature		Date	

My signature below indicates that I have approved the purchase of this learning resource and have ensured that the 40% Credit Allocation Policies and Procedures of the Department of Education and Early Childhood Development have been followed.

Principal Signature _____ Date _____

My signature below indicates my approval for the process of payment for this learning resource under the 40% Credit Allocation.

Department Authorization _____ Date _____