

# 40% Credit Allocation Request for Reimbursement

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

From: Name of School \_\_\_\_\_  
Teacher Name \_\_\_\_\_  
Full Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
SIN \_\_\_\_\_

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

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

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 \_\_\_\_\_