

Ascend Online - Internet Reimbursement

Parent name: _____
(cheque payable to)

Mailing address: _____

Cheque amount: _____
(ADMIN ONLY)

Student name(s): _____

PO number: _____

SUBMISSION INSTRUCTIONS:

- Please complete the information, **save as a pdf and attach a copy of your Sept & April Internet bills. Please submit as one pdf document.**
- **Must be received by May 15th.**
- We allow **one** claim per family to a maximum of \$300, depending on how much funding is left after May 15th funding deadline.

Please email or fax completed document to:

DeeDee Harder

Email: accounts@ascendonline.ca

Fax: Fax: [604-357-1844](tel:604-357-1844)