School Expense Redemption Form

(to be completed by rebate recipient)

Date:_____

Name of School:_____
(Please use complete name, i.e., Spessard Holland Elementary)

Mailing Address:_____

County:_____

Phone:_____ Email:_____

Organization (if applicable):_____

Name of Teacher or Organization Representative:_____
(Organization enrollments must include a Representative name)

Signature:_____

Total amount of expenses submitted for payment: $_____

I confirm that the expenses submitted for payment represent school-related expenses that were paid for directly by the teacher or representative named above, and are not eligible for payment from any school-related fund or budget allotment.

Signature: _____

Name (print):_____

Title: ☐ Principal ☐ Assistant Principal ☐ Home School Coordinator ☐ Home School Instructor

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Request for name change:
Please change the recipient name on record from _____

to _____

Reason for change: ☐ Marriage ☐ Other
(Provide copy of marriage license or other supporting document)

To receive your payment:

1. Complete this form and submit to your principal, assistant principal or home school group coordinator for signature. Space Coast Credit Union does not require receipts; by signing this document, you are attesting to the fact that the request made is being made to reimburse you for an expense.
2. Bring completed form to any SCCU branch.
3. Present form along with your employee ID to the teller. No redemptions will be made without proper employee identification. Personal ID, such as a driver's license, is not acceptable.
4. You will receive immediate payment for your expenses and your accrual account will be adjusted.

Rebates expire on a 13-month rolling basis. See statement available at your school or call the Member Service Center at (321) 724-5730 or (800) 447-7228, option 3, for amount currently available.

SCCU Office Use Only: Rebate ID #_____