Peace River Regional District

Recreation and Cultural Grants-in-Aid Application

CLAIM FORM

Date: _____ Organization Name: _____

Mailing Address: _____

Address *City* *Postal Code*

Contact Person: _____ Phone Number: _____

Amount You Are Claiming: _____

Please attach **COPIES ONLY** *of invoices you are claiming reimbursement for.* **LIST ALL INVOICES BELOW** *and Include the name of the supplier, the project they are for (i.e., playground, fence, insurance, etc.). Note the year you were granted funds for which the project and invoice refers to.*

Supplier	Project	Year Funds Granted	Invoice No.	$ Amount
			Total	

Please deliver your claim via mail, in person or by fax to:

Peace River Regional District
PO Box 810, 1981 Alaska Avenue
Dawson Creek, BC V1G 4H8
Fax: (250) 784-3201

If you have any questions about your claim please call Deanne at (250) 784-3200

For Office Use Only

Coding	Year	Amount	
			Approved
		Total Claim	

YEAR	
Grant Amount	
Previous Claims from this Grant	
Current Claim	
Balance on this Grant	

YEAR	
Grant Amount	
Previous Claims from this Grant	
Current Claim	
Balance on this Grant	