PEACE RIVER REGIONAL DISTRICT

Community Works Fund
Grant Claim Form

Date: _____ Society Number: _____

Claim Applicant Information

Community Club or Group Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Contact Person: _____ Email: _____

Mobile: _____ Fax: _____

Claim Information

NOTE: Please attach copies of invoices you are claiming, with the amount you are claiming clearly circled. List invoices below or attach an adding machine tape of invoice amounts with total dollars claimed. Please attach only copies of the invoices you are submitting for this claim.

Supplier	Invoice Number	Amount ($)
		d
	TOTAL	$

For Office Use Only	
Coding	Amount
	$
	$
	$
	$
	$
TOTAL CLAIM	$

Approved Grant	$
Date(s)	
Previous Claims	$
This Claim	$
Balance Remaining	$

Approval