

PEACE RIVER REGIONAL DISTRICT

Recreation Trails Grants-in-Aid Schedule "B" - Claim Form

Organization Name:			Date:		
Mailing Address:					
Address		City		Postal Code	
Contact Person:		Phone Number:			
Please attach <u>COPIES ONLY</u> of invoices you are claiming reimbursement for. <u>LIST ALL INVOICES BELOW</u> and include the name of the supplier, the project they are for (i.e., playground, fence, insurance, etc.), year the fund were provided, invoice number and amount. If you have any questions about your claim please call (250) 784-3200.					
Supplier	Project	Gra	ar Funds anted for s Project	Invoice No.	\$ Amount
Total Invoice Amount					
Amount You Are Claiming					
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					
For Office Use Only		ı			
Coding		Year	Amount		
		Total Claim			Approved
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 Balance on this Grant					