# Peace River Regional District

# Search & Rescue Grant
## 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 item description (i.e., rope, radio license).*

| Supplier | Item | Year Funds Granted | Invoice No. | $ Amount |
|---|---|---|---|---|
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| | | | **Total** | $0.00 |

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**
**prrd.dc@prrd.bc.ca**

If you have any questions about your claim please call Community Services 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** | |