



PEACE RIVER REGIONAL DISTRICT

GRANT CLAIM FORM

FAIR SHARE AREA: B C D E Gas Tax Other:

Date: _____

Community Club or Group Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Contact Person: _____ Email: _____

Tel: _____ Cell: _____

Fax: _____

Amount you are claiming: \$ _____

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
TOTAL		\$

<i>For Office Use Only</i>		
Coding	Amount	
	\$	
	\$	
	\$	
	\$	
TOTAL CLAIM	\$	Approval
Approved Grant	\$	
Date(s)		
Previous Claims	\$	
This Claim	\$	
Balance Remaining	\$	

diverse. vast. abundant.

PLEASE REPLY TO:

Box 810, 1981 Alaska Ave, Dawson Creek, BC V1G 4H8 Tel: (250) 784-3200 or (800) 670-7773 Fax: (250) 784-3201 Email: prrd.dc@prrd.bc.ca
 9505 100 St, Fort St. John, BC V1J 4N4 Tel: (250) 785-8084 Fax: (250) 785-1125 Email: prrd.fsj@prrd.bc.ca