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 **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.), year the fund were provided, invoice number and amount. If you have any questions about your claim please call (250) 784-3200.*

Supplier	Project	Year Funds Granted for this 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

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	