Peace River Regional District

Search & Rescue Grant
CLAIM FORM – Schedule C

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
			Total	

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	