



# 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
<b>Total Invoice Amount</b>				
<b>Amount You Are Claiming</b>				

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	
<b>Total Claim</b>			<b>Approved</b>

	<b>YEAR</b>	
Grant Amount		
Previous Claims from this Grant		
Current Claim		
<b>Balance on this Grant</b>		

	<b>YEAR</b>	
Grant Amount		
Previous Claims from this Grant		
Current Claim		
<b>Balance on this Grant</b>		