



**WINKLER
COMMUNITY
FOUNDATION**

Income Submission / Expense Claim

Date of Request _____

Name _____

Income
Total Amount to Deposit: _____
Event / Donations: (brief description)
Signed

Expense
Cheque Payable to: _____
Mailing Address: _____
Postal Code: _____
Phone: _____
Amount Requested: \$ _____
Purpose of Expenses: (include copies of receipts)
Signed

Winkler Community Foundation, 185 Main Street, Winkler, MB R6W 1B4

For more information: Myra Peters, Executive Director

Phone: (204) 362 9292 E-mail: myra@winklercommunityfoundation.com

FOR OFFICE USE ONLY			
FILE # _____	DATE RECEIVED _____		
REIMBURSEMENT SENT(date) _____	DEPOSITED (date) _____	AMOUNT _____	