

Income Submission / Expense Claim

Date of Request

Name

Income	Expense
	Cheque Payable to:
Total Amount to Deposit:	Mailing Address:
	Postal Code:
Event / Donations:	Phone:
(brief description)	
	Amount Requested: \$
	 Purpose of Expenses:
	(include copies of receipts)
Signed	Signed

Winkler Community Foundation, 2-880L 15th Street, Winkler, MB R6W 0H5

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