



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

For more information: Bev Wiebe, Community Development Coordinator

Phone: (431) 775-8923 E-mail: grants@winklercommunityfoundation.com

FOR OFFICE USE ONLY

FILE # _____ DATE RECEIVED _____ Deposited (date) _____

REIMBURSEMENT SENT(date) _____ Cheque # _____ AMOUNT _____