



RM OF FRENCHMAN BUTTE NO. 501
BOX 180
PARADISE HILL, SK, S0M 2G0
Phone: 306-344-2034, Fax: 306-344-4434, Email: rm501@sasktel.net

Event Hosting Grant Claim Form

Please complete this form in full. Funding is available to a maximum of \$250.00, excluding GST.
CLAIM FORM MUST BE ACCOMPANIED BY ALL RECEIPTS, INVOICES and CANCELLED CHEQUES

ORGANIZATION

Name of Organization: _____

Mailing Address: _____

Primary Contact Person: _____

Phone: Work _____ Cell: _____ Fax: _____

Email: _____

Alternate Contact Person: _____

Phone: Work _____ Cell: _____ Fax: _____

Email: _____

Claim Form completed by (please print): _____

CLAIM FORM MUST BE ACCOMPANIED BY ALL RECEIPTS, INVOICES and CANCELLED CHEQUES

Payment will be issued to organization unless otherwise stated:

Signature: _____

Date: _____

**PAYMENT CLAIM FORM AND ALL ATTACHMENTS MUST BE RECEIVED ON OR BEFORE
DECEMBER 31 FOR YEAR IN WHICH EVENT TOOK PLACE**

This portion must be completed. Incomplete claim forms will not be paid.

Event Date _____

Event Name _____

EVENT COSTS – itemized expenses (DO NOT INCLUDE GST PAID):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EVENT COSTS (a): \$ _____

Amount being requested from Event Hosting Grant Program:

(Maximum \$250.00) \$ _____

Claim is Complete and all supporting documentation is attached.

Date Received at the R.M. of Frenchman Butte No. 501 Office: _____

Receiver Initials: _____

Application Approved Resolution # _____