



## **Community Initiatives Funds Claim Form**

Name of event:

Date of event:

Location:

Number of participants:

Purpose for funding (e.g. Healthy snacks, program materials, etc).

Name person/organization to be reimbursed:

Address:

Town:

Postal Code

Contact number:

Amount being claimed \$

**Original Receipts** must be attached and sent with claim form, photocopies will not be processed. All claims must be submitted for reimbursement within 30 days after the event occurs. The Central Wellness Coalition reserves the right to no reimburse for food/items that were not approved in the original application for funds, e.g. if something like pop or candy was purchased they will not be reimbursed unless it was approved prior).

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Mail claim form with original receipts to either:

Jill Wheaton, Co- Chair  
Bell Place Community Health Centre  
3 Bell Place, Level 1  
Gander, NL  
A1V 2T4

Trina Mercer, Co-Chair  
Connaigre Peninsula Health Centre  
P.O. Box 70  
Harbour Breton, NL  
A0H 1P0