



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:

Mailing address:

Town:

Postal Code:

Contact number:

Amount being claimed \$

Receipts must be sent with claim form. You can send originals in the mail or you can scan receipts (must be clear) and email with form to info@centralwellnesscoalition.com.

All claims must be submitted for reimbursement within 30 days after the event occurs. The Central Wellness Coalition reserves the right to not reimburse for food/items that were not approved in the original application for funds, i.e. if foods that don't fit the Health Eating Guidelines found on the Central Wellness Coalition website e.g. pop, chips, candy, etc., was purchased they will not be reimbursed unless it was approved prior.

Mailing address if sending original receipts, sent to either:

Jill Wheaton, Co- Chair
125 Trans Canada Highway
James Paton Memorial Regional Health Centre
Gander, NL
A1V 1P7

OR

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