

EXPENSE REQUEST

Please attach all original receipts to this form. Number each receipt as it corresponds to the number on form and provide a description of the item(s) and harvesting activity the item(s) will be used for. Submit to the HEALTH CENTRE in-person or by mail. Please allow two weeks for processing.



Program HARVEST FUND (FOOD SECURITY)

MEMBER INFORMATION

Name _____ Status # _____ Cheque

Complete Address _____ EFT*

Phone Number _____

*must be set up prior with finance

(For minors) Payable to _____

Receipt date	Description of Item(s) & Harvesting Activity	Total
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total		

By submitting this form I acknowledge that my address and status number are subject to verification.

FOR OFFICE USE ONLY

Reviewed by _____ Approved by _____

Cost Centre _____ GL _____

Date Received