

COMMUNITY FOUNDATIONS OF CANADA
CONFERENCE 2006

Youth and Youth Adult Advisors
SCHOLARSHIP REIMBURSEMENT REQUEST

Name of Community Foundation _____

Participant Name: _____

Please indicate if you are a Youth: _____ Adult Advisor: _____

Telephone:(____)_____ Fax:(____)_____ email: _____

Receipts are required except for mileage!

<u>Total Scholarship Amount</u> Approved by CFC	\$ _____
Expenses incurred:	
Travel which includes:	\$ _____
Airfare, train, mileage @ .42 cents/km, taxis, bus, etc.	
Total Expenses	\$ _____

Cheque to be made payable to: _____

Address: _____

City: _____ Prov: _____ Postal Code _____

Signature _____ Date: _____

Please return this reimbursement request form with receipts by **June 30th** to:

Linda Zhang, Finance Coordinator, Community Foundations of Canada
301 - 75 Albert Street, Ottawa, Ontario K1P 5E7

Tel: 613-236-2664 Fax: 613-236-1621 email: lzhang@cfc-fcc.ca

For office use only: Date paid: _____ cheque #: _____