Request for Sponsorship/Reimbursement

 D m yr

To: Parents Sponsoring Committee Date\_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Am requesting (please circle) Sponsorship / Reimbursement, in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_

This expense was incurred for the purpose of (eg; medical examination)< \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(attachment of receipts or other documentation must accompany this form, **stapled to the top right**)

Attendance of camp / activity was (dates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you for your sponsorship / reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

Date requested: \_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Date of Reimbursement: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

What is the total amount of GST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_ Cheque # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Director

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Treasurer