



MILLBROOK TOBACCO STORE Funding Request



Date _____

Office Received: **DATE STAMPED**

I / We **Parents / Guardians Names:** if under 18 years of age) _____ request \$ _____
from the Millbrook Tobacco Store in order to participate in the following activity:
(NOTE: Sport / Type of Funds / Participates Name / Band Number / Amount).

Attached is **RECEIPT** from the organization showing the **date, organization name, name of individual** registered in activity, **activity name** and **amount**. Please reimburse funds. (Payable Name / Address listed below).

Attached is an **INVOICE** from the organization to myself (not to the Millbrook Tobacco Store), showing the **date, organization name, name of individual** registered in activity, **activity name** and **amount**. Payment will be mailed to organization. Please make payable to organization. (Payable Name/Address listed below).

By signing this Funding Request; I acknowledge that I have read and understand the Rules and Regulations for the Millbrook Tobacco Store Funding for sport and recreational activities. I am aware that individuals only qualify for the funds if the individual participates in the activity/sport. www.millbrookfn.ca (forms and applications)
If for any reason the activity/sport is cancelled or I quit, the funds are to be reimbursed to the Millbrook Tobacco Store. I authorize the Millbrook Band to pay from my Millbrook Enterprise Credit Funds by the Band, or any other funds payable to me, any money I owe for activity/sport funds to the Millbrook Tobacco Store.

Please PRINT: Payable NAME / Mailing Address

X _____
Signature of Individual / Parent / Guardian

Name

Email: _____

Address

___ **PICK UP** (Band Office) ___ **MAIL OUT**

Please DO NOT WRITE Below Space Below for Band OFFICE/Finance USE ONLY.

51500 _____

E70 _____

70100 _____

1. Approved _____

2. Approved _____

Cheque # _____ Date: _____