

CLAIM CBF (COMMUNITY BROADCASTING FOUNDATION) GRANT

Do not complete the grey area (office use only)

Date of claim..... Program:.....

Name on cheque.....

Name of coordinator:.....

Signature of coordinator.....

Please record each item. For CD claims: complete additional form for details and bring CD's to the station to be recorded to asset list.

Item	Description	Date bought	Amount \$	Office use only	
				Claimable	Amount paid
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
Total claim					
<i>Date paid</i>		<i>Cheque number</i>		<i>Amount paid</i>	

