



Consumer Initiative Fund

Project Receipt Summary

This is a self-totalling form that can be completed on your computer. Please list the amount of each receipt with a brief description of the items. **Must be submitted with original receipts.** Mail or drop off:

Attn: Megan Brummitt - CIF

200-520 W 6th Ave

Vancouver, BC V5Z 4H5

Project Name:		
Month & Year:		
Pay Total Amount to:		
Description of Items (one receipt per line)		Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Total		

- VCH Finance Department requires **ORIGINAL ITEMIZED RECEIPTS ONLY**
- Must be the original cash register receipts with GST number
- Debit/credit transaction slips and handwritten receipts will not be reimbursed
- Digital receipts from online purchases can be submitted by email

For Office Use:

Date: _____

Approved: _____