CIF Ripples of Belonging
Expense Form

Consumer Initiative Fund

This is a fillable form that can be completed on your computer

- List 1 receipt per line with a brief description of the items
- Amounts entered on the right will automatically total at the bottom

Event Name: _____ **Month:** _____

Pay Total Amount To: _____

Receipt Summary (1 receipt per line)		
Store Name	**Description**	**Amount**
	Total	0

Must be submitted with original receipts (as per VCH Finance)

- Online purchases: Digital receipts can be submitted by email
- In-person purchases: Original cash register receipts with GST # are required
- Debit/credit transaction slips and handwritten receipts will not be reimbursed

Mail or drop off: CIF Office – Attn: Megan Brummitt
200-520 W 6th Ave, Vancouver, BC V5Z 4H5

For Office Use: Account: 8601506-75103004

Date: _____ Approved: _____