

CLAIM CBF (COMMUNITY BROADCASTING FOUNDATION) GRANT

Date of claim: Program:

Payment Method: Cheque: Bank Transfer:

Name on cheque/account:

Name of Coordinator:

Signature of Coordinator:

Please record each item under your claimable categories; music; small equipment; program, research materials and software; subscriptions; phone and internet; local travel; conference registration; program marketing; program website costs.

For CD and small equipment claims please complete form at the back for details.

We require a receipt for all items. Do not complete the grey area (office use only)

Item	Description Date	Date	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					
Total Claim					

