

**FORESTRY FUTURES TRUST ONTARIO  
REIMBURSEMENT AUTHORIZATION FORM**

**Project Name**

**Office Use Only**

**Assigned Project Number:**

**Forest Name:**

The following persons, whose names and signatures are shown below, are authorized to submit an Request for Reimbursement to **Forestry Futures Trust Committee**, [admin@forestryfutures.com](mailto:admin@forestryfutures.com) for the project described above. The Persons listed below agree to provide records to an independent auditor of the Forestry Futures Trust pertaining to the actual cost and work accomplished for the project described above.

**Name of Project Applicant (i.e. Company Name or MNRF District, Branch)**

\_\_\_\_\_  
**Name of Authorized Person**

\_\_\_\_\_  
**SEAL and Signature of Authorized Person**

\_\_\_\_\_  
**Name of Authorized Person**

\_\_\_\_\_  
**SEAL and Signature of Authorized Person**

**NOTE: THIS REIMBURSEMENT AUTHORIZATION FORM MUST BE  
ATTACHED TO ALL PROJECT APPLICATIONS FORMS**