



## Incremental Tree Planting Program Reimbursement Request

<b>Project Number:</b>			
<b>Project Name:</b>			
<b>Approved Project Applicant(s):</b>			
<b>Forest Name:</b>		<b>License # (if applicable):</b>	
<b>Name of Organization:</b>			
<b>Reimbursement Request Number:</b>		<b>Scheduled Date:</b>	
<b>This is a final request:</b>			
<b>Request to:</b> Forestry Futures Trust Committee - <a href="mailto:admin@forestryfutures.com">admin@forestryfutures.com</a>		<b>Payee Name, Address and Phone Number:</b>	
<b>Contractor invoices attached:</b>		<b>Payee Business Number:</b>	
<b>Reimbursement Request</b>	<b>Principle Amount</b>	<b>HST (if applicable)</b>	<b>Total</b>
	\$	\$	\$
<b>I hereby declare on behalf of _____ that this Interim Request is for reimbursement for expenses incurred for approved work that has been completed to date in accordance with the Project Authorization Form.</b>			
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Name of Authorized Person</b>		<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Seal and Signature of Authorized Person</b>	
		<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date</b>	