



Consumer Initiative Fund

Project Receipt Summary

This is a self-totalling form. If possible fill it out on your computer and print.

Project Name:		
Month & Year:		
	Items	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
	TOTAL	

**Finance Department requires
ORIGINAL ITEMIZED RECEIPTS ONLY.**

Must be the original cash register receipts with GST number on them.

Debit/credit transaction slips, handwritten receipts or tickets do not count!

For Office Use:

Date: _____ Approved: _____