

MILLBROOK TOBACCO STORE

Funding Request

Date _____

Office Received: DATE STAMPED

I/We (Parents/Guardians Names; if under 18 years of age) _____ request \$ _____ from the Millbrook Tobacco Store in order to participate in the following activity: (NOTE: Sport / Participates Name / Amount)

This request is made in accordance with section _____ of the Millbrook Tobacco Store Funding Regulations.

Attached is **RECEIPT** from the organization showing the **date, organization name, name of individual** registered in activity, **activity name** and **amount**. Please reimburse funds.

Attached is an **INVOICE** from the organization to myself (not to the Millbrook Tobacco Store), showing the **date, organization name, name of individual** registered in activity, **activity name** and **amount**.

Payment will be mailed to organization. Please make payable to organization.

By signing this Funding Request; I acknowledge that I have read and understand the Rules and Regulations for the Millbrook Tobacco Store Funding for sport and recreational activities. I am aware that individuals only qualify for the funds if the individual participates in the activity/sport. www.millbrookfirstnation.net (forms and applications)
If for any reason the activity/sport is cancelled or I quit, the funds are to be reimbursed to the Millbrook Tobacco Store.
I authorize the Millbrook Band to pay from my Millbrook Enterprise Credit Funds by the Band, or any other funds payable to me, any money I owe for activity/sport funds to the Millbrook Tobacco Store.

Please PRINT: Payable NAME / Mailing Address

X _____
Signature of Individual / Parent / Guardian

Email: _____

PICK UP (Band Office) **MAIL OUT**

Please DO NOT WRITE Below Box Space Below for Band OFFICE/Finance USE ONLY.

- 1 Approved _____
- 2 Approved _____
- 3 Approved _____
- 4 Approved _____
- 5 Approved _____
- 6 Approved _____
- 7 Approved _____