



# COMMUNITY CROSSWALK PROGRAM EXPENSE FORM

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Total Grant Amount Expended \_\_\_\_\_

Expense Type	Vendor	Detail/Description	Amount (without GST)	Eligible

**Total**

\*\*Original receipts are required to accompany this form.

Final reporting documents are due by June 30.

Please submit to: Town of Whitecourt  
5004 - 52 Avenue, Box 509 Whitecourt, AB T7S 1N6  
Email: [administration@whitecourt.ca](mailto:administration@whitecourt.ca) Fax: 780.778.4166  
Attn: Crime Prevention Coordinator

<b>For Town Use Only</b>	
Approved eligible expenses \$ _____	
Signature _____	Date _____