



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 Fax: 780.778.4166
Attn: Crime Prevention Coordinator

For Town Use Only	
Approved eligible expenses \$ _____	
Signature _____	Date _____