



Legal Name of Business/Organization: _____

Name of Contact Person: _____

Business/Organization Physical Address: _____

Business/Organization Mailing Address (if different from above): _____

Phone: _____ Email: _____

| EXPENSE TYPE | VENDOR/PRODUCT | DETAILS/DESCRIPTION | AMOUNT <small>(EXCLUDE GST)</small> | ELIGIBLE <small>(TOWN USE ONLY)</small> |
|--------------|----------------|---------------------|--|--|
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| TOTAL | | | | |

WHAT IMPACT DID THE TOURISM ENHANCEMENT GRANT PROGRAM HAVE ON YOUR PROJECT?

Submit your completed form to:

Town of Whitecourt
Re: Whitecourt Tourism Enhancement
Grant Program
Box 509, 5004 52nd Avenue
Whitecourt AB T7S 1N6
Email: tourism@whitecourt.ca
Attn: Whitecourt Economic Development Officer

*Note that original receipts must accompany this form. Final receipts are due within 120 calendar days of project completion.

Print Name: _____ Date: _____

Signature: _____

TOWN USE ONLY

Approved Eligible Expenses: _____

Print Name: _____ Date: _____

Signature: _____

The personal information collected through the Whitecourt Tourism Enhancement Grant Program is for the purpose of processing applications, including eligibility, review, and communication of decisions. This collection is authorized per section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Town of Whitecourt Administration Office at administration@whitecourt.ca or 780-778-2273.