

Community Grant Program

Report Sampling Form to be used for Fees for Service

Payee Information

Name(please print): _____

Signature of worker paid: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____

Phone Number: _____

Date Work Preformed (<i>Mon.Day/Yr</i>)	Description of Work	# of Hours Worked	Rate of Pay	Daily Total Paid
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total Payment				\$

Organization work was preformed for: _____

Name of authorized rep from organization(please print): _____

Signature of authorized rep: _____

Date: _____