

Community Grant Program

Report Sampling Form to be used for mileage (Only Travel within Sask eligible)

Payee Information

Name(please print): _____

Signature of worker paid: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____

Phone Number: _____

Date Work Performed (Mon.Day/Yr)	Description of Travel	Km Travelled	Rate of Pay <i>(the max the grant will cover is \$0.30/km)</i>	Daily Total Paid
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
			\$0.30/km	\$
Total Payment				\$

Organization work was preformed for: _____

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

Signature of authorized rep: _____

Date: _____