

CANADA WEST

Dare to Lead Grant Application

Chapter: IABC/BC IABC/Calgary IABC/Edmonton IABC/Regina IABC/Saskatoon IABC/Manitoba

Contact:

Name: _____

Daytime phone: _____

Email: _____

Mailing address: _____

City _____ Province _____ Postal Code _____

50 per cent - grant request 50 per cent - grant completion

Please choose one: \$750 - Out of Province \$600 - In Province \$500 - Host chapter

All Dare to Lead expenses:

Who	Date	Description*	Details	Amount	GST broken out	Total
Page Total						
Description code*	1. Air fare	2. Baggage fees	3. Car Rental	4. Insurance	5. Transportation to/from Airport	
	6. Hotel	7. Travel Day meal	8. Registration fees			

Treasurer: _____

Approved _____ Date Paid _____

Cheque number _____ Date Delivered/Mailed _____

Submit to:

Send to Kathleen Bell, CWR Treasurer

dkbell@telus.net

Questions to dkbell@telus.net or 403.561.1187

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Dare to Lead expenses - Cont'd:

Who	Date	Description*	Details	Amount	GST broken out	Total
			Page Total			
			Grand Total			
Description code*	1. Air fare	2. Baggage fees	3. Car Rental	4. Insurance	5. Mileage/Transportation/Parking	
	6. Hotel	7. Travel Day meal	8. Registration fees			