

**Leadership Institute 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Grant amount $1,500 / Chapter

All Leadership Institute expenses:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Board Member** | **Date** | **Description Code\*** | **Details** | **Amount** | **GST broken out** | **HST**  **broken out** | **Total** |
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| **Total** | | | |  |  |  |  |

**\* Description Codes: 1. Air fare 2. Baggage fees 3. Car Rental 4. Insurance 5. Mileage/Transportation/Parking 6. Hotel 7. Travel Day meal 8. Registration fees. *Please note that GST or HST must be broken out separately.***

Treasurer:  
Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Delivered/Mailed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit to:** Send to [cwr-finance@iabc.com](mailto:cwr-finance@iabc.com), CWR Treasurer