As a way to promote membership events, GGC-Québec Council is reimbursing districts for participating in or organizing recruitment/public awareness events. Districts are eligible for reimbursement of expenses pertaining to their event presence up to $75.

*Congratulations on organising and completing your event!* Please complete this form and the Expense Claim Request below and submit to communications@guidesquebec.ca

|  |  |
| --- | --- |
| **Event Criteria:** * Girls must be in attendance in uniform
* Activity must raise visibility of Guiding in community
* Activity must not have a financial gain (e.g. fundraising)
* Request form must have been submitted in advance
 | **Expensible items include:*** Local advertising (if it entails a cost)
* Activity materials
* Display materials (decorations, balloons etc.)
* Bring a Friend activities
* Other (on a case by case basis)
 |

Today’s date:

District :

Member’s Name:       iMIS:       Email address:       Phone number:

All communication will be with this member.

Mailing address:

Street:       City:       Postal Code:

**Event Details:**

Name of local event:       Date of event:

Location:

|  |
| --- |
| How many people did you/your team speak to? How many girls/families with girls?      |
| Was there media involved in the day? (radio/tv/newspaper etc.) Did you speak to them?      |
| Will you participate in this event again? Why or why not?      |
| How did this money help your recruitment or registration in your district?      |
| Other comments?       |

|  |
| --- |
| EXPENSE REPORT**Name**      ­­­­­­­­­­­­ **Committee**       **Period**    /    /    to    /    /   **Address**       **City**       **Postal Code**       . |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Details | Event | Other | GST | PST | **Amount** | G.L. No. |
|    /    /    |       |       |       |       |       |       |       |
|    /    /    |       |       |       |       |       |       |       |
|    /    /    |       |       |       |       |       |       |       |
|    /    /    |       |       |       |       |       |       |       |
|    /    /    |       |       |       |       |       |       |       |
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|    /    /    |       |       |       |       |       |       |       |
| **SUBTOTAL** |       |       |       |       |       |
| **TOTAL** |

Signed:       Date:    /    /

Approved:

**For Accounting use only**

Vendor No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Batch No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Processed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Finance/Expense Report Form*

##### Feb 2008