

## Interim Reimbursement Request

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|---|---|---|----------------------|
| <b>Project Number:</b>  |   |   |                      |
| <b>Project Name:</b>  |   |   |                      |
| <b>Approved Project Applicant(s):</b>   |   |   |                      |
| <b>Forest Name:</b>   |   | <b>License # (if applicable):</b>   |                      |
| <b>Name of Organization:</b>  |   |   |                      |
| <b>Reimbursement Request Number:</b>  |   | <b>Scheduled Date:</b>  |                      |
| <b>Request to:</b><br>Forestry Futures Trust Committee - <a href="mailto:admin@forestryfutures.com">admin@forestryfutures.com</a><br><br><b>cc:</b> Forestry Futures Trust Secretariat - <a href="mailto:trustclaims@ontario.ca">trustclaims@ontario.ca</a> |   | <b>Payee Name, Address and Phone Number:</b><br><br><b>Payee Business Number:</b> |                      |
| <b>Interim Reimbursement Request:</b>   | <b>Principle Amount</b>                                 | <b>HST<br/>(if applicable)</b>  | <b>Total</b>         |
|   | \$  | \$  | \$                   |
| <b>I hereby declare on behalf of _____ that this Interim Request is for reimbursement for expenses incurred for approved work that has been completed to date in accordance with the Project Authorization Form.</b>  |   |   |                      |
|   |   |   |                      |
| _____<br><b>Name of Authorized Person</b>   | _____<br><b>Seal and Signature of Authorized Person</b> |   | _____<br><b>Date</b> |