



FRANC-OUEST C. C.

REIMBURSEMENT REQUEST

Name: _____
(Name on cheque to be refunded)

Address: _____, Post code: _____

Telephone: _____

Participant Name: _____

Program(s): Youth Studio Preschool Summer Camp March Break Camp

Location: _____ Class: _____

Raison for reimbursement: _____

Initial amount (Paid to CCFO¹): \$ _____, (-) Administration fee: \$ _____

(-) Cancellation/ Modification fee: \$ _____, Reimbursed Amount: \$ _____

Applicant signature: _____ Date: _____ (dd/mm/yyyy)

OFFICE USE ONLY

A proof of payment to be refunded should be attached:

Client cheque Other, PLS, specify, _____

Reimbursement method: Return of the Client post-dated cheque: \$ _____

CCFO cheque #: _____, Amount: \$ _____, Date: _____ (dd/mm/yyyy)

Coordinator's Full Name: _____

Coordinator Signature: _____, Date: _____ (dd/mm/yyyy)

¹ Centre Communautaire Franc-Ouest