

Economic Development Craft Contributions

To be eligible for this program, a person must be an adult Sipekne'katik Band Member.

This program provides craftspeople with a reimbursement of up to \$250.00 per fiscal year (April – March) to help offset the cost of goods purchased within that fiscal year and used for craft creation.

All supporting receipts are to be attached to the Craft Contribution Payment Requisition Form.

Craft Contribution Forms and supporting receipts are to be submitted no later than April 15th following the end of each fiscal year to be eligible for the annual contribution.

Completed, signed forms with attached receipts may be dropped off at the Band Office, or forwarded to the Band Office at:

Economic Development Program

Sipekne'katik Band

522 Church St

Indian Brook 14, N.S. B0N 2H0



Craft Contribution Payment Requisition Form

Date: _____

Cheque Payable to: _____

Address: _____

Post Code: _____ Phone: _____

Services Provided/Goods Purchased (Description is required):

Total: \$ _____

Total Payable: \$ _____

Department: 150 GL: 58010

Sub Account (if applicable) _____

Documents required with this Form;

Official Receipts

** Please Note:* Screen Shots not acceptable

Claimant Signature: _____

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FOR OFFICE USE

Department Manager Approval: _____

Director of Finance / Finance Committee / Council Approval: _____

Cheque/Direct Deposit

Cheque/EFT # : _____

Signature of Receiving Party: _____

Sample



Craft Contribution Payment Requisition Form

Date: April 01, 20224

Cheque Payable to: Lulu Lemon

Address: 123 Main Street

Tinseltown, NS

Post Code: B2B 2B2 Phone: 999-123-4567

Services Provided/Goods Purchased (Description is required):

<u>Fabricland - fabric, thread, bobbins</u>	<u>\$125.00</u>
<u>Beadworld - Beads, loom, needles</u>	<u>\$100.00</u>
<u>Leather works - leather, leather punch</u>	<u>\$110.50</u>
<u>Home Depot - Paints, brushes</u>	<u>\$45.15</u>

Total: \$ 480.65

Total Payable: \$ _____

Department: 150 GL: 58010

Sub Account (if applicable) _____

Documents required with this Form;

*** Please Note:** Screen Shots not acceptable

Official Receipts

Claimant Signature: Lulu Lemon

FOR OFFICE USE

Department Manager Approval: _____

Director of Finance / Finance Committee / Council Approval:

Cheque/Direct Deposit

Cheque/EFT #: _____

Signature of Receiving Party: _____