

COMMUNITY CLEAN-UP GRANT ehorse Authorization for Payment Form

Name of Organization: _			
The City of Whitehorse's your organization's <i>Direc</i>			(EFT). Does the City have *No
•	please fill out the APPLIC line at whitehorse.ca/eft		OR AND/OR DIRECT DEPOSIT
We, the above Organiza locations.	tion certify that we have	cleaned the areas of li	tter and placed bags in marked
(Day)	(Month)		20
Name of clean up location	on was:		
Our group of:	people picked	up: ba	gs.
We have returned the Department and have lef	•	•	ge bags supplied by the Parks Irop off sites.
In order to improve this p	orogram, your comments	s are appreciated:	
Representative		 	 te
	rse.ca / Phone: 668-8329 IG AT SHIPYARDS PAF		FFICE LOCATED IN THE et
	FOR OFFICE USE	ONLY – Grant of \$300) <u>.00</u>
Invoice #: <u>2024 CCLP</u>	Vendor #:	GL	#: 7402090 / 740111 / 6525
Parks Coordinator:	s Coordinator: Treasurer:		