

**SCOUTS CANADA - NICOMEKL AREA**

**GROUP REQUEST FOR REIMBURSEMENT OF COST OF WBI OR FIRST AID TRAINING FOR LEADERS**

Name of Group: \_\_\_\_\_

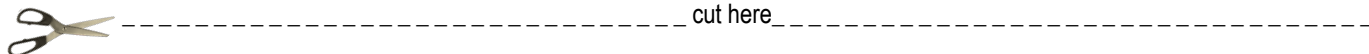
LEADER NAME	TYPE OF TRAINING ("Standard First Aid" minimum level accepted)		TRAINING DATE m/d/yr	COST (First Aid maximum is \$25/person)
_____	WB I Section: _____	First Aid Level: _____	____/____/____	\$ _____
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_____	WB I Section: _____	First Aid Level: _____	____/____/____	\$ _____

**TOTAL REIMBURSEMENT REQUESTED: \$ \_\_\_\_\_**

Funds requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Cheque will be issued to the Group

TO BE COMPLETED BY TREASURER		
Given to: _____	Cheque # _____	Amount : \$ _____
Date: _____	Receipt(s) Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	



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