

Invoice – Donation Request

<p>If you need help finding this information please contact AP or Supplier Requests</p>
<p>TO:</p> <p>Attention: Account Payables 1-844-233-0255 ap@brookfieldrenewable.com</p>

Invoice date:
Invoice number:
Supplier ID:
Amount due:
Currency:

BASWARE PROCESSING

Internal Requester

Reviewer

Person responsible to provide the coding in Basware, cannot be the same person who will be approving the invoice. The person can however be the Internal requester. If you are the Reviewer and approve the request, insert "AP" and provide Coding.

Coding

If you don't have anyone to do the coding, leave the Reviewer field empty and provide coding. AP will complete the coding and send to the Internal requester. Don't fill this box if someone will be validating in Basware. For any questions, please contact ap@brookfieldrenewable.com.

CHECK HANDLING & MAILING INSTRUCTIONS

The default payment method as selected by the supplier, is indicated in IFS However, if you require a check for a special purpose, please complete the section below.

Send check directly to the supplier

By mail

By Purolator/FedEx

We cannot send to a P.O. Box

Send check back to internal Requester

Please fill if different then what's indicated in IFS

CHECK INFORMATION

Name to appear on check

Address

City

Province/State

Postal code/Zip

ADDITIONAL SPECIAL HANDLING INSTRUCTIONS

Additional documents to be attached with the check? (Please specify)



Community Support Application

SUPPLIER REQUEST FORM FOR DONATIONS

I. Organization Information

TO BE COMPLETED BY REQUESTOR

Legal Name of Organization

Main Contact in the Organization

Telephone 1

Telephone 2

Email

Address

Apartment

City

Country

Postal Code/Zip Code

Country(ies) in which the organization has operations

Does the Organization have political, indigenous or lobbying ties?

es

Non

If yes, please describe

2. Request Information

TO BE COMPLETED BY REQUESTOR

Which one(s) of our priority areas your request fall under?

Environmental Initiatives

Health and Safety

Education and Research

Community Services

Indigenous Communities

Detailed description of the organization, the event, or the in-kind donation (location, objectives, audience/beneficiaries, total budget, date of the event, ...)

Amount of Request

Date Funding Required

Requestor Name

Titre

Date

Name of Evolgen employees participating (if any) and their involvement

NAME

INVOLVEMENT



Community Support Application

3. Previous Contributions

TO BE COMPLETED BY REQUESTOR

Has your organization received funding from Brookfield Renewable or Evolgen in the past? If so, please list support received from Brookfield or Evolgen in the past 5 years.

PROJECT NAME	YEAR	AMOUNT OF CONTRIBUTION
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4. Communication Decision

TO BE COMPLETED BY EVOLUGEN

IFS Supplier ID

ABC Risk Rating

ABC Risk Rating Date

Amount Approved

Currency

Approval Date

Special Handing

Justification

Evolugen Entity

Account Number

Department

Location

Check Payable to

Check Required by

Check delivery address

Approved by

Signature