

# GRANT for R&D

## Claim Form for Companies



Please use black typescript or black ink using BLOCK LETTERS. Failure to complete the form correctly will result in delay of payment. The information provided on this form may be made available to other departments / agencies for the purposes of preventing or detecting crime.

Please complete and return to Grant for R&D Admin, Invest NI, Bedford Square, Bedford Street, Belfast, BT2 7ES.

1. Name of Company	
2. Address (including postcode)	
3. Project Title	
4. Project Reference	
5. Period of Claim	
6. Claim Number	
7. Is this a <b>Final Claim</b> for the project?	<b>Yes / No</b> (Delete as appropriate)
8. Project Manager	
9. Contact for Claim Inspection Telephone Number	

### Project Expenditure

Subhead	Expenditure this Claim Period	Grant Claimed @ %
1. In-house labour costs (salaries)		
2. Overhead Costs		
3. Consultancy Costs		
4. Sub-contracting Charges		
5. Equipment		
6. Trials and Testing		
7. Intellectual Property		
8. Other Costs Defined in Letter of Offer		
A. Materials		
B. Travel and Accommodation		
C.		
D.		
<b>TOTAL</b>		

### DECLARATION

I certify that the amounts claimed were expended for the sole purpose of the project and in accordance with the terms in the Letter of Offer.

I confirm I have enclosed with this form:

- A Project Report covering the Progress to date
- An audit report/certificate if the claim is for a grant in excess of £25K
- An up-to-date expenditure forecast for project costs
- The supporting breakdowns for the in-house labour costs and the third party expenditure transactions.

Name
Signature

Position
Date

**ANALYSIS SUPPORTING THE CLAIMED LABOUR ELEMENT**

<b><u>Period</u></b>	<b>NAME</b>	<b>NAME</b>	<b>NAME</b>	<b>NAME</b>	<b>NAME</b>
WE					
WE					
WE					
WE					
WE					
WE					

Total hours					
Hourly rate					
<b>Claimed Cost</b>					

<b>PROJECT REFERENCE NO:</b>	<b>SUBHEAD: EG EQUIPMENT</b>
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ITEM NO	DETAILS OF PURCHASE SERVICE PROVIDED	NAME & ADDRESS OF SUPPLIER/PROVIDER	INVOICE NO	INVOICE DATE	DATE PAID (b)	NET AMOUNT PAID		
						Currency of invoice (c)	Exchange Rate (d)	Sterling Equivalent
<b>TOTAL</b>								

- (a) DATE OF PAYMENT SHOULD BE THE DATE CHEQUE CLEARS ACCOUNT
- (b) CURRENCY OF INVOICE SHOULD BE THE TYPE AND AMOUNT OF CURRENCY
- (c) EXCHANGE RATE SHOULD BE RATE QUOTED AT DATE OF PAYMENT