

SPECIMEN APPLICATION FOR PAYMENT OF GRANT TOWARDS CONSULTANCY, INCENTIVE, MARKET DEVELOPMENT, PRODUCT/PROCESS, OPERATING, CAPITAL, QUALITY, MANAGEMENT INFORMATION SYSTEMS/E-COMMERCE OR MTAV EXPENDITURE - Please specify claim applied for – delete all other grant categories

● **To be made on your Company headed paper**

Client Reference Number: _____

I apply on behalf of _____ (name of company) for payment of _____ (type of) grant allocated under the Industrial Development Act (Northern Ireland) 2002, and in accordance with the terms and conditions of the Letter of Offer ("the LoO") number _____ & dated _____.

- the application is made against grant paragraph _____.
- the expenditure detailed on the schedule attached to this application was incurred as ___ (type of) expenditure for the purpose of the undertaking at _____ (address).
- the company paid the sums stated and totalling £_____.
- no costs included in this claim have been included in any previous claim.
- **All items claimed for are stipulated in the attached schedule of costs, corresponding invoices/receipts and proof of payment are also attached as per the order of the schedule.**
- all current reporting information including but not limited to management accounts/financial returns as required under the terms and conditions of the LoO has been provided to Invest NI.
- the Project is being pursued in accordance with the Business/Project Plan.
- the information provided on this claim may be made available to other departments/agencies for the purposes of preventing or detecting crime.
- it is understood that Invest NI may disclose information included in this application to the Commissioners of the Inland Revenue and I authorise the Commissioners of the Inland Revenue to disclose to Invest NI information relating to this claim.
- **THIS CLAIM MUST NOT BE SUBMITTED UNLESS YOU HAVE RECEIVED WRITTEN CONFIRMATION THAT THE PRE-CONDITIONS AS PER PARAGRAPH 4 OF YOUR LETTER OF OFFER HAVE BEEN MET.**

Signed _____ Date _____

Position in company (Owner, Company Director/Secretary)

Claim prepared by (name in block capitals signed and date prepared)

ANALYSIS SUPPORTING THE CLAIMED LABOUR ELEMENT

Period	Name of person Position	Name of person Position	Name of person Position	Name of person Position	Name of person Position
WE					
WE					
WE					
WE					
WE					
WE					

Total hours					
Hourly rate					
Claimed Cost	£	£	£	£	£

Time Sheet

Name of Company : _____

Week Ending: _____

Name: _____

Day	Work Description	Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Hourly rate =

Signed: _____

Supervisor

ITEM NO	DESCRIPTION OF COST	SUPPLIER NAME & ADDRESS	INVOICE NO	INVOICE DATE	DATE PAID (a)	NET AMOUNT PAID		
						Curr of invoice	Exchange Rate (b)	Sterling
							Total	

(a) DATE OF PAYMENT AS PER DATE CHEQUE CLEARS ACCOUNT

(b) EXCHANGE RATE SHOULD BE RATE QUOTED AT DATE OF PAYMENT