**PROJECT EXPENDITURE CLAIM FORM**

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| **NAME OF BUSINESS** |  |

|  |  |  |  |
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| **GRANT PROGRAMME:** | **BUCF Good Relations 24-25** | **CLAIM NO.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT REFERENCE NO** |  | **For Office Use Only** | |
|  |  |  | |
| **TOTAL GRANT AWARDED** | **£** | **TOTAL VERIFIED TO DATE:** | **£** |
|  |  |  |  |
| **TOTAL PAID TO DATE:** | **£** | **PAYMENT DUE** | **£** |
|  |  |  |  |
|  |  |  |  |
| **CURRENT CLAIM :** | **£** |
|  |  |
| **BALANCE REMAINING** |  |

**DECLARATION**

I hereby apply on behalf of the above named project for payment of Project Funding in accordance with the Letter of Offer from the Causeway Coast and Glens Borough Council Funding Unit.

I certify that the information given above represents the correct amount of re-imbursement now due and a full account of the project expenditure is given on the attached Project Summary Forms.

I also confirm that:

* No other claim has, or will be made, in respect of this expenditure from any other Body or individual;
* No other funds have, or will be, received in respect of this expenditure from any other Body or individual;
* All expenditure claimed has been paid in the implementation of the approved project;
* No net asset included in this claim has been sold or disposed of; and
* No expenditure included in this claim has been included in any previous claim.

**Prepared by**

**Signature …………………………………………………………**

**Print name ……………………………………………………….**

**Position in organisation ………………………………………. Date …………………………..**

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| **For Office Use Only** | | | |
| **Signature :**  **Funding Unit Manager** |  | **Date** |  |