

CLAIM FORM

Schedule of M1 Eligible Expenditure Feasibility Grant

| | |
|---------------------------|------------------|
| Name | GMIS Ref |
| Grant Amount Approved | Grant aided at % |
| Grant Amount Paid to Date | Grant Balance |
| Date | |

| Date of Invoice | Invoice No. | Name of Supplier/ Manufacturer/ Consultant | Description of Goods/Services [incl. Model/Type number] | Date Invoice Paid | Amount Paid [Inclusive of Vat] [Total Eligible] | Amount Paid [Net of Vat] | Grant Amount Claimed [60%] | EFT/Cheque reference | Date Cleared promoter Bank |
|-------------------------|-------------|--|--|-------------------|---|-----------------------------|----------------------------------|-------------------------|-------------------------------|
| MARKET RESEARCH: | | | | | | | | | |
| | | | | | Sub Total: | | | | |

| Date of Invoice | Invoice No. | Name of Supplier/ Manufacturer/ Consultant | Description of Goods/Services [incl. Model/Type number] | Date Invoice Paid | Amount Paid [Inclusive of Vat] [Total Eligible] | Amount Paid [Net of Vat] | Grant Amount Claimed [60%] | EFT/Cheque reference | Date Cleared promoter Bank |
|---|-------------|--|--|-------------------|---|-----------------------------|----------------------------------|-------------------------|-------------------------------|
| CONSULTANCY COSTS: | | | | | | | | | |
| | | | | Sub Total: | | | | | |
| TECHNICAL DEVELOPMENT/ PROTOTYPE/ INNOVATION | | | | | | | | | |
| | | | | Sub Total: | | | | | |

| Date of Invoice | Invoice No. | Name of Supplier/ Manufacturer/ Consultant | Description of Goods/Services [incl. Model/Type number] | Date Invoice Paid | Amount Paid [Inclusive of Vat] [Total Eligible] | Amount Paid [Net of Vat] | Grant Amount Claimed [60%] | EFT/Cheque reference | Date Cleared promoter Bank |
|---|-------------|--|--|-------------------|---|--|----------------------------------|-------------------------|-------------------------------|
| MISC. COSTS [I.E. TELEPHONE COSTS, MILEAGE, SUBSISTENCE & OVERNIGHT COSTS, AIR TRAVEL ETC.] NOT IN EXCESS OF 20% | | | | | | | | | |
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| Sub Total: | | | | | | | | | |
| OWN LABOUR [MAX €400 PER WEEK, 20% OF EXPENDITURE] | | | | | | | | | |
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| Sub Total: | | | | | | | | | |
| OFFICE USE | | | | | | TOTAL GRANT AMOUNT PAYABLE [TOTAL PUBLIC] | | | |
| Eligible Costs: Capital, Consultancy/Innovation/Marketing Costs | | | | | | | | | |
| Eligible Costs: Salary Costs | | | | | | | | | |
| Overall Total € | | | | | | | | | |

PAYMENT DETAILS:

| | | | |
|------------------------|------------------------|-----------------------|----------------------------|
| EFT Grant Payment Date | EFT Ref. | | |
| EFT Amount € | Chargeability | Measure 1 Cost Centre | Refundable Aid Cost Centre |
| Prepared By: | Authorised Payment By: | | |
| Other Comments | | | |