

CLAIM FORM

Schedule of M1 Eligible Expenditure Priming/Business Expansion 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 [50%]	EFT/Cheque reference	Date Cleared promoter Bank
CAPITAL COSTS:									
					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 [50%]	EFT/Cheque reference	Date Cleared promoter Bank
CONSULTANCY/INNOVATION/MARKETING COSTS:									
					Sub Total:				
SALARY COSTS:									
					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			