|  |  |
| --- | --- |
| Project name |  |
| DIT purchase order # |  |
| Funding year |  |
| Council |  |
| Council contact |  |

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| --- | --- | --- |
| Please ensure all cost are exclusive of GST | | |
| Total grant | $ | (A) |
| Previous payments *(If applicable)* | $ | (B) |
| Total current claim | $ | (C) |
| Balance of grant | $ | (D = A-B-C) |
| I hereby certify that:   1. All works have been undertaken in accordance with the offer letter or deed. 2. All costs claimed, herewith, are directly associated with the approved project. 3. All costs claimed are a true reflection of the costs incurred on the approved project and have been prepared in accordance with expenditure records retained by the council. 4. A Tax Invoice accompanies this claim form.   Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\*Chief Executive Officer or Senior Representative* | | |

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| DEPARTMENT USE ONLY | | |
| Project number: | Task number: | Cost code: |
| Purchase order no.: | Vendor ID: |  |
| This claim is Certified correct for payment  Sponsor’s Agents Rep Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sponsor’s Agents Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / / 20 | | |