



CLAIM SUMMARY

Client Name	Arrangement No.	Transaction Activity No.
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Mailing Address

Key Contact Name	Telephone Number
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Has joint payment or assignment of the contribution been requested for this project? Yes No

Claim Number	Final Claim <input type="radio"/> Yes <input type="radio"/> No	Period Covered From (YYYYMMDD)	To (YYYYMMDD)
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SUMMARY OF COSTS CLAIMED FROM SCHEDULE OF DETAILED ELIGIBLE COSTS

To calculate the amount of your claim, you need to transfer your total costs from each *Detailed Eligible Costs* form. For each contract number, you will need to complete a separate *Claim Summary* form.

Type of Costs Claimed (Cost Category)	Amount
Total Eligible Costs Claimed for the Current Period	\$

Certification (Required for each claim)
 a) The costs described in this claim and considered eligible were incurred under the terms of the Letter of Offer; and
 b) Assets previously claimed are still in operation and are utilized in the project (any exceptions have been listed in this claim).

▶ **The Claim Summary form MUST BE signed before the claim can be processed.**

Client Signature or Authorized Representative	Title	Date
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