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| |  | | --- | | **Regional Development Corporation** | | | |
| **P.O. Box 6000, Fredericton, New Brunswick E3B 5H1** | | |
| **Program:** | **Claim #** |

*List all eligible project costs with invoices and cheque numbers on this form.* ***Include a copy of each invoice and proof of payment.*** *Failure to record and support each cost will cause a delay in processing.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Number:** |  | | | | | |
| **Project Name:** |  | | | | | |
| **Description of Costs** | | **Name of supplier** | **Cheque No** | **Cheque Amount** | **Invoice  Total** | **HST** |
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|  | |  |  | **Total** |  |  |
|  | | Eligible & supported costs (total - HST refund) | | |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of HST refunded by Canada Revenue Agency:** | | | | | | | | |
|  |  | *73.62% - Municipality* |  | *25.77% - University* |  | *50% - Non-profit organization* |  | *100% - Other* |
|  | | | | | | | | |

**The undersigned hereby certifies that:**

1. the invoices above represent eligible project costs that have been paid in full and the work completed; and
2. no other public financial assistance has been received or is to be received for the part of the project against which this reimbursement is claimed.

Signature Print Name Date

Title Company Telephone

***For office use only***

Eligible & supported costs

**Claim Reviewer Date**

Less: previous advance

**122320-14-14 Program Reviewer Date**

Add: current advace

**122320-14-14 Payment Authority**

**Vendor Payment Request Account Claim Auditor**