

Appendix 5 – Quarterly Company Claim Form



INNOVATION BOOST PROGRAMME **COMPANY** CLAIM FORM

Company Name:		INNOVATION BOOST PROGRAMME Project No:
Period covered by this claim:	from:	to:
Claim no:		
Date of previous claim:		

	InterTradeIreland contribution available (As stated in Letter of Offer)	Amount Claimed Prior to this Claim.	Amount of this Claim	Amount claimed to date including this claim	Remaining Balance
	A	B	C	D = B + C	E = A - D
Graduate employment costs					
Graduate training and development					
Expenses					
Totals					

Declaration:

NB supporting payslips/payroll, invoices & receipts must be attached.

I certify that the total amount claimed is not more than that payable in accordance with provisions of the Letter of Offer. I confirm that there has been no previous claim for any of the items included in this claim and that actual expenditure has been incurred and discharged by payments and settled by the Company. I understand that if I give information that is incorrect or incomplete action may be taken against me.

Signed:	Date:
Name (BLOCK LETTERS):	
Position in the Company:	

HAVE YOU:

1. Included minutes of most recent PMG meeting?
2. Included the Graduate's progress report tabled at most recent PMG?
3. Had someone in authority sign this claim, eg MD, Supervisor, Finance Manager?
4. Posted an original signed copy to the INNOVATION BOOST PROGRAMME office?

When you have completed this claim form, please **EMAIL** to: *Innovation Boost Programmeclaim@intertradeireland.com* **AND POST signed** original copy to INNOVATION BOOST PROGRAMME Administrator, InterTradeIreland, The Old Gasworks Business Park, Kilmorey Street Newry, BT34 2DE



Appendix 5a



**Together from
ideas to innovation**



Innovation Boost Salary Breakdown sheet

Company:

Contact:

Email:

1. Salary

Claims	Date: From - To	NI Cont/Pension	Gross Salary
1			
2			
3			
4			
Total			
InterTradeIreland Contribution		50% max	

HAVE YOU INCLUDED: copies of all payslips dated during claim period?



**INNOVATION BOOST PROGRAMME Training & Development
Breakdown Sheet**

Company: _____

Contact: _____

Email: _____

**2. Training &
Development**

Date	Ref	Location	Particulars (Details of courses undertaken etc.)	Cost
Total				

HAVE YOU INCLUDED: Relevant copies of training invoices, Excluding VAT? Please enclose proof of payment.

Please Note: VAT on Training and Development is not an eligible expenditure.

Appendix 5b



INNOVATION BOOST PROGRAMME Expense Breakdown Sheet

Company: _____

Contact: _____

Email: _____

3. Expenses

Date	Ref	Description of Expenses	Mileage	Cost per Mile	Cost
Total					

HAVE YOU INCLUDED: your mileage rate or company policy on travel, all expense receipts e.g. subsistence, tolls and overnight stay receipts, copies of equipment invoices including proof of payment.

Please Note: VAT on Expenses is not an eligible expenditure.