**Appendix 5 – Quarterly Company Claim Form**

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| Graphical user interface  Description automatically generated with medium confidence |  |  |  |  |  |
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| 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 | | | | | |
| A picture containing text  Description automatically generated   |  | | --- | |  | |  |  |  |  |  |
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**Appendix 5a**

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| **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?** | | | | | |
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|  |  | **INNOVATION BOOST PROGRAMME Training & Development Breakdown Sheet** | | | | | |  |  |
|  |  | **Company:** | | | | | |  |  |
|  |  | **Contact:** | | | | | |  |  |
|  |  | **Email:** | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **2. Training & Development** | | |  |  |  |  |  |  |
|  | **Date** | **Ref** | | **Location** | | **Particulars (Details of courses undertaken etc.)** | | **Cost** |  |
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|  |  |  |  |  |  |  | **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.** | | | | | | |  |  |
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**Appendix 5b**

**Appendix 5c**

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|  |  | **INNOVATION BOOST PROGRAMME Expense Breakdown Sheet** | | | | | | | | |  |
|  |  | **Company:** | | | | | | |  |  |  |
|  |  | **Contact:** | | | | | | |  |  |  |
|  |  | **Email:** | | | | | | |  |  |  |
|  | **3. Expenses** | | |  |  |  |  |  |  |  |  |
|  | **Date** | **Ref** | | **Description of Expenses** | | | | **Mileage** | **Cost per Mile** | **Cost** |  |
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|  |  |  | |  | | | |  | **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.** | | | | | | |  |  |  |  |  |