

Certificate & Invoice for Payment

Registered Provider:
Name & Address:

Date:

Council's Payment Reference:

Project:

This is a request for payment for Quarter*2016/17 for the sum of £**

I certify that under the terms of the Grant Agreement with the Council that the amount claimed has been paid

Signed.....

Finance Director

Summary Checklist

<p>1 All Valuation Certificates for the period apportioning costs for the Grant Funded element should be attached and listed below</p> <p>1. Certificate No.....</p> <p>2. Certificate No.....</p> <p>3. Certificate No.....</p> <p>(add as required)</p>	<p>£.....</p> <p>£.....</p> <p>£.....</p>	<p>* tick if attached</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>2 Fees (Employer' Agents and other Fees including RP costs) Attach each invoice to which the fee relates</p> <p>1. Invoice No.....</p> <p>(add as required)</p>	<p>£.....</p>	<p><input type="checkbox"/></p>
<p>3 Any other eligible costs (specify these below and Attach with this claim</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>(add as required)</p>	<p>£.....</p> <p>£.....</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>4 Total costs included with this claim</p>	<p>£.....</p>	<p><input type="checkbox"/></p>
<p>5 Total Claim costs (total x 0.30)</p>	<p>£.....</p>	<p><input type="checkbox"/></p>

Note: * Enter Relevant Quarter

** Claim should be no more than 30% of eligible expenditure

