##### ADVANCE CLAIM FORM

**THIS FORM MUST BE COMPLETED, SIGNED, DATED AND SUBMITTED AND POSTED TO THE FOLLOWING ADDRESS:** Vouching and Verification Team, The Executive Office, Room E5.20, Castle Buildings, Stormont, Belfast, BT4 3SL

**The table below must be completed.**

|  |  |
| --- | --- |
| **Organisation** |   |
| **Project Title** |   |
| **Advance amount claimed** |   |
| **Dates expenditure relates to:** |   |

|  |  |
| --- | --- |
| 1. | **Declaration:**All expenditure claimed in advance will be incurred in the delivery of the Project to which the grant was awarded and in line with the conditions contained in the Letter of Offer. |
| 2. | Expenditure from this advance will not be used on items paid by the department previously. |
| 3. | Expenditure from this advance will not be claimed from any other funding organisation. |
| 4. | The Department will be advised of progress of the funded programme against the agreed objectives. |
| 5. | The information contained within this Form is accurate and complete |

## Signed (Prepared by): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signed (Chairperson): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*