



**Community Employment**  
*Application for Materials Grant*

Sponsor Name:

Claim Reference:

Project Location:

Project Commencement Date: / /

Invoice Date	Supplier's Invoice Number	Supplier's Name	Description of Goods/Service Obtained  N.B. For recurring expenditure, the period must be specified	Chq. No. / EFT or DD	Amount Claimed €	DEASP ONLY	
						Allowed/ Disallowed	Yes/No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
					<b>Total Claimed</b>		

I confirm that the materials claimed above:

have been paid for and were used exclusively for the above project,

(Tick to confirm)

have not or will not be reimbursed from other sources and that the original Invoice will be available upon request,

(Tick to confirm)

and that expenditure incurred is in compliance with Section 5.6 of the CE Procedures Manual.

(Tick to confirm)

I shall account for all monies entrusted to me for the carrying out of the work project. I undertake to refund on demand any monies which have not been expended in accordance with the conditions of the scheme.

Completed by: \_\_\_\_\_

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

Approved by: \_\_\_\_\_

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

*on behalf of the sponsor*

<b>FOR DEASP USE ONLY</b>	<b>Materials Claim</b>
Reason(s) Item(s) Disallowed : _____ _____	Total Amount Payable € <input type="text"/>

