

Co-op Trout & Coarse Development Fund - Claim Form

Project Name _____

Total funding approved for this project € _____

Org/Club Name _____

Project Reference _____

Claim Period _____

Total funding requested this claim € _____

Claim No; _____

Please indicate if you are registered for VAT - Yes/No

<i>Invoice Date</i>	<i>Supplier Name</i>	<i>Invoice Number</i>	<i>Net Total</i>	<i>VAT Total</i>	<i>Gross Total</i>	<i>Chq No.</i>
		Totals				

Please supply original invoices, receipts, copies of bank statement showing proof of payment along with contractor tax details as set out in the letter of offer.

Return completed claim form to: *Bridie Fleming Inland Fisheries Ireland, Swords Business Campus, Swords, Co. Dublin.*

TEL: 01 8842600 **FAX:** 01 8360060 **Email:** bridie.fleming@fisheriesireland.ie



Signed by;

Date;

Position;

<i>Office use only</i>	
<i>Approved by;</i>	
<i>Amount to be paid;</i>	
<i>Inspectors Report</i>	
<i>Date paid;</i>	
<i>Chq No;</i>	