

BUSINESS DEVELOPMENT PROGRAM
Training and Organizational Development Subprogram

CLAIM FORM

I understand that personal information on this form is collected under Section 31c of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for the Growing Forward 2 Program being delivered as part of the Canada-Prince Edward Island Growing Forward 2 Framework and Bilateral Agreements. It will be used for determining eligibility for program assistance and will be shared with the Canada Revenue Agency regarding the taxable benefit and Agriculture and Agri-Food Canada, regarding program management, claims, audits, and evaluations of this program.

Applicant's Full Name (Include middle name):	
Business/Farm Name (if applicable):	
Make Payment to	<input type="checkbox"/> Applicant Name <input type="checkbox"/> Business Name
Full Mailing Address (Include Civic # and Road)	
	Postal Code

If you are interest in direct deposit, please contact the Program Manager listed on this form.

Please list each expenditure (Attach Invoices and proof of payment)

Item Description	Name of Supplier	Amounts (Less GST/HST)	Office Use Only
For additional lines see next page	Total Expenditure		

Applicant's Certificate: I certify that the above amounts, supported by the attached documents, are for work performed or material purchased or leased in accordance with the terms and conditions of the Program.		PEI Department of Agriculture and Fisheries Official: I have reviewed the expenditures being claimed above, and they are in accordance with the terms and conditions of the Program. I recommend the claim for payment.	
Signature _____	Date _____	Signature _____	Date _____
Office Use Only		File #:	
Dollars Approved for Project \$:		Dollars Approved for this Claim \$:	
Claim # _____ of _____		Invoice #	
Authorization		Date:	Account #
Note: Supporting documentation is filed in the office of the Program Manager			

Submit completed form to:

PEI Department of Agriculture and Fisheries
 PO Box 2000, 5th Floor Jones, 11 Kent Street, Charlottetown, PEI
 Attn: Colleen Younie Tel: (902) 314-1110 Fax: (902) 368-4857

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Additional Items: Please list each expenditure (Attach invoices and proof of payment)

Item Description	Name of Supplier	Amounts (Less GST/HST)	Office Use Only
Total Expenditures			