



Industry
Canada

Industrie
Canada

CLAIM SUMMARY

PROTECTED ONCE COMPLETED

Aboriginal Business
Canada

Entreprise autochtone
Canada

Contract Number

Name of Client	
Mailing Address	

Contact	Telephone Number
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Joint Payment or Assignment of the contribution has been requested for this project? Yes No

Period Covered		Claim Number	Final Claim
From: (YYYY/MM/DD)	To: (YYYY/MM/DD)		<input type="checkbox"/> Yes <input type="checkbox"/> No

SUMMARY OF COSTS CLAIMED FROM SCHEDULE OF DETAILED ELIGIBLE COSTS

To calculate the amount of your claim, you need to transfer your total costs from each *Detailed Eligible Costs* form. For each contract number, you will need to complete a separate *Claim Summary* form.

TYPE OF COSTS CLAIMED (COST CATEGORY)	AMOUNT
TOTAL ELIGIBLE COSTS CLAIMED FOR THE CURRENT PERIOD	\$

CERTIFICATION (required for each claim)

a) The costs described in this claim and considered eligible were incurred under the terms of the Letter of Offer; and

b) Assets previously claimed are still in operation and are utilized in the project (any exceptions have been listed in this claim).

The *Claim Summary* form MUST BE signed before the claim can be processed.

Signature of Client or Authorized Representative

Title	Date
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