

ELGIN CLEAN WATER PROGRAM

Expense Claim Form



Applicant Information

Applicant Name: _____

Mailing Address: _____ Town: _____ Postal Code: _____

Telephone: _____ Email: _____

Project Location

911 Address: _____ Township: _____

County: _____ Lot: _____ Concession: _____

Supplier	Service or Materials	Date of Invoice	Amount Before Tax	HST	Total
Total Project Cost					
Total Grant					
(based upon 50% cost-share to the maximum grant cap and/or the amount approved by the Review Committee)					

Landowner In-Kind Contribution

Materials or Equipment Supplied by Landowner Value

Landowner's Machine Cost: _____ hours @ \$50/hour _____

Landowner's Own Labour: _____ hours @ \$20/hour _____

TOTAL LANDOWNER IN-KIND CONTRIBUTION
\$ _____
TOTAL PROJECT COST (INCLUDING TAX AND IN-KIND)
\$ _____

I hereby declare:

- That the information provided herein is true to the best of my knowledge.
- The above facilities will be used for their intended purposes as described in the Elgin Clean Water Program application form.
- I have received or will receive the following funds from other cost-share programs towards this project:

Program: _____ Amount: _____

Program: _____ Amount: _____

Program: _____ Amount: _____

Applicant Signature _____
Date

The project described above has been satisfactorily completed and we have received proper documentation to demonstrate invoicing and proof of payment:

Program Staff Signature _____
Date