



**Actual Costs Capital Items Claim Form: FORESTRY GRANT SCHEME**

This claims form has five sections. You must complete all of them for the claim to be valid.

**The form must be signed and dated at Section 3.** This declaration covers **ALL** the information submitted in the five sections of this claim form.

**SECTION 1: Personal/business/organisation details**

**Name and Address of Business**

*Please ensure this matches your contract details.  
Please use BLOCK CAPITALS.*

*This space FOR OFFICIAL USE ONLY. Date  
stamp of when claim received*

**Contact Name:**

**Business Reference Number:**

**Main Location Code:**

**Phone**

**Mobile**

**E-mail**

**FGS Contract Name:**

**FGS Contract Reference:**

Is the business/organisation VAT registered?      Tick if Yes       Tick if No

*[If you **are** registered for VAT then any Actual Capital Costs claimed must be on a VAT exclusive basis]*



**SECTION 4: Actual Costs Capital Items Claimed**

**FORESTRY GRANT SCHEME**

Capital activity / item description	LPID (Land Parcel ID)	Map Letter	Document Ref (from Section 2)	Total Actual Costs Incurred	Total Units Claimed*	Contract Cost per Unit**	Amount Claimed	OFFICIAL USE ONLY
								Amount Certified
*Cannot be greater than contracted amounts ** Cannot be greater than contracted cost per unit					<b>TOTAL COST CLAIMED</b>			

Please attach further sheets if required for detailing claims. Please head any additional sheets with your contract reference and include a table with the same columns as in this section. Number of additional sheets: \_\_\_\_\_

**Please explain any differences between costs or units approved and actual costs or actual units claimed**

## SECTION 5: FGS Actual Costs Capital Items Claims: Supporting Documents Checklist

Contract Name: \_\_\_\_\_ Contract Ref: \_\_\_\_\_

Please complete each column of this checklist with either a ✓ or **N/A** for each invoice you are submitting with your claim. This should help to ensure that all invoices comply with required claim standard. Please number each document and reference this in the columns 'Doc Ref:' (eg: 1 of 3, 2 of 3, etc..)

If invoices do not provide the required information, they will be returned to you and this will result in your payment being delayed.

Total Number of invoices making up this claim								
EACH INVOICE SHOULD CONTAIN:		Doc Ref: ___ of ___	Doc Ref: ___ of ___	Doc Ref: ___ of ___	Doc Ref: ___ of ___	Doc Ref: ___ of ___	Doc Ref: ___ of ___	Doc Ref: ___ of ___
1	The Supplier's name, address and VAT registration number (where appropriate)							
2	Your business name and address as the customer (not delivery address)							
3	All contracted Actual Costs goods and/or services purchased individually itemised to enable clear identification of each Actual Cost contracted item being claimed							
4	Serial numbers quoted for any equipment purchased							
5	A record of the date when the supplier/contractor delivered/completed the goods or services to you							
6	VAT details/amounts that are clearly detailed (where appropriate)							
7	A clear total amount of the invoice that you are due to pay							
8	The amount actually paid by you. (If this differs from the total invoice amount, then ensure that any difference is fully explained – discount, credit note, hire purchase, etc)							
The Suppliers actions on payment of your invoice should be:								
9	Business stamp (or Written Business details)							
10	Signature of person receiving payment							
11	Confirmation of amount received							
12	Date of payment							
13	Method of payment is confirmed as either ❶ Cheque ❷ Debit Card ❸ Cash							
EACH RECEIPTED INVOICE SHOULD BE SUPPORTED BY:								
14	If your invoices are paid by electronic banking we require a printed copy of the electronic invoice and supporting original bank statement showing evidence of the transaction between businesses.							