



Events Support Fund

Applicant Claim Form

APPLICANT DETAILS

Applicant Name:	<input type="text"/>
Address:	<input type="text"/>
Tel:	<input type="text"/>
Post Code:	<input type="text"/>
Project Ref No:	<input type="text"/>

BANK DETAILS

Bank Name:	<input type="text"/>
Sort code:	<input type="text"/>
Name on bank Account	<input type="text"/>
Account Number:	<input type="text"/>

CLAIM SCHEDULE

Please detail below the invoice/s against which the grant claim is being made. Original invoices for each element as listed below must be attached with this claim for processing. Continue on a separate sheet if necessary.

Item	Supplier/ Contractor	Invoice Number	Net Cost	VAT	TOTAL COST

VAT POSITION

Can you reclaim VAT on the above Invoices? *Delete as appropriate	YES	NO
If Yes – Please List VAT registration Number:		
If Yes – Please State Amount of VAT recoverable:		

CLAIM SUMMARY

	£
Total Expenditure This Claim:	
Amount of Grant Requested (as per your offer letter):	

DECLARATION	Please Tick
<p>I attach:</p> <p>Original invoice/s (as detailed in claim schedule)</p> <p>Bank statement illustrating the payment of the above expenditure</p> <p>Evidence of outputs and photographs of purchased/ hired items</p>	
<p>I (Name) confirm that the enclosed invoices have been paid in full by the events organising committee. I hereby make application to Carmarthenshire County Council for payment of the grant offered under The Events Support Scheme and certify that to the best of my knowledge and belief that the information given above is correct and</p>	
<p>Signed: _____ Date: _____</p>	
<p>Position In Organisation: _____</p>	

PLEASE RETURN TO:

Email: Marketing@carmarthenshire.gov.uk

Marketing & Media, Carmarthenshire County Council, County Hall, Carmarthen SA31 1JP