CANADIAN AGRICULTURAL PARTNERSHIP
Innovate. Grow. Prosper.

# CLAIM FORM

## Agriculture Research and Innovation Program
## Innovative Technologies Sub-Program

Personal information is collected under Section 31(c) of the *Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, Cap. F-15.01* as it relates directly to and is necessary for the Agriculture Research and Innovation Program being delivered as part of the Canada - Prince Edward Island Canadian Agricultural Partnership 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. Recipients of funding under the Agriculture Research and Innovation Program consent to the public release by Canada of their name, the amount of funding received, and the general nature of the project.

| | | |
|---|---|---|
| Full Name (including middle name) | | |
| Organization/Business/Farm Name (if applicable) | | |
| Make Payment to: | ☐ Applicant's Name | ☐ Business Name |
| Mailing Address (including civic number) | | |
| Village/Town/City | Province | Postal Code |
| Telephone Number | E-Mail Address | |

Please list each expenditure and attach invoices *and* proof of payment.

| **Item Description** | **Name of Supplier** | **Amounts (less GST/HST)** | **Office Use Only** |
|---|---|---|---|
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| For additional space please use page 2 **Total Expenditures:** | | $ | |

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| **Applicant's Certificate:**<br>I certify that the above noted 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.<br><br>**Signature** _____ **Date** _____ | **PEI Department of Agriculture and Land Official**<br>I have reviewed the expenditures of this claim, and they are In accordance with the terms and conditions of the Program. I recommend the claim for payment.<br><br>**Signature** _____ **Date** _____ |

| **Office Use Only** | | |
|---|---|---|
| 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 claim form, invoices, and proof of payment to the attention of the:
Agriculture Research and Innovation Program Officer
PEI Department of Agriculture and Land, 11 Kent Street, PO Box 2000, Charlottetown, PEI, C1A 7N8
Telephone: (902) 569-7611 Facsimile: (902) 368-4857 ARIP@gov.pe.ca

Prince Edward Island CANADA Agriculture and Land

Canada

Additional claim items: Please list each expenditure (Attach invoices and proof of payment).

| Item Description | Name of Supplier | Amounts (less GST/HST) | Office Use Only |
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| | **Total Expenditures:** | $ | |