CLAIM FORM

TEMPORARY FOREIGN WORKER (TFW) IN AGRICULTURE INDUSTRY HOUSING IMPROVEMENT 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 administration of this program. It will be used for determining eligibility for program assistance and will be shared with the Canada Revenue Agency regarding the taxable benefit and other PEI Government Departments, regarding program management, claims, audits, and evaluation of this program

Project Title							
Applicant Name (including middle name)							
Organization/Business/Farm Name (if applicable)							
Email							
Phone Number			Alt. Phone Number				
Mailing Address							
City/Town/Villag	Э						
Province			Postal Cod	de			
Make Payment to:	□ Applican	t's Name	☐ Business Name				
Please list each expenditure and attach invoices AND proof of payment.							
Item Desc	ription	Name of Supplier	Amounts (less HST) tax)		Office Use Only		
For additional space please use page 2 Total Expenditures			\$				
Applicant's Certificate: I certify that the above noted amounts, supported by attached documents, are for work performed or mate purchased or leased in accordance with the terms an conditions of the Program.			PEI Department of Agriculture Official 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.				
Signatuı	<u> </u>	Date	Si	gnature	Date		
Office Use Only							
Dollars approved project	for		Dollars approved for this claim				
Claim #	<u>'</u>		Invoice #				
Authorization of:							
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: TFW Project Program Officer PEI Department of Agriculture, 11 Kent Street, PO Box 2000, Charlottetown PE C1A 7N8 Telephone: (902) 368-4880 AGTFW@gov.pe.ca							

April 2024

Additional claim items: Please list each expenditure and attach invoices AND proof of payment.

Item Description	lease list each expenditure at Name of Supplier	Amounts (less HST)	Office Use Only
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April 2024

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