

Small Business Assistance Claim Sheet

Business Name : _____

Reference # : _____

Date : _____

Date	Vendor	Item Description	Invoice Number	Invoice Amount	HST	Total
* Copies of original invoices/receipts and proof of payment (e.g., cancelled cheques) must be attached.				Claim Total		

Clearly outline the description of work undertaken and the benefits the business derived from the Contribution:

The undersigned hereby request reimbursement of Eligible Project Expenditures in accordance with Innovation PEI's Letter of Offer. We hereby certify that no other public financial assistance has been or is to be received for the project against which this reimbursement is claimed.

Per : _____

Phone : _____

Date : _____