



DISBURSEMENT REQUEST

CLIENT'S NAME: _____ CLIENT N°: _____

CATEGORY OF COSTS: _____ CLAIM N°: _____

Please use a separate form for each category of costs claimed. Refer to Section 2 of your agreement for information on categories of costs (for example, business support fees, capital costs, marketing expenses, professional fees, etc.). Please append your invoices and indicate on each the number corresponding to their order of presentation in the list below.

Invoice #	Supplier	Invoice Date	Item Description	Paid	Total Amount	Taxes	Amount claimed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
					TOTAL		

Attestation (required for each disbursement request)

- Costs indicated in this disbursement request are considered as admissible and incurred under the terms of provisions of the agreement, and
- Expenses having been claimed in a previous disbursement request were used for the purpose of the project.

This form must be signed in order to be processed.

Signature by the client or a representative	Title	Date
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