



CEC Equipment and Materials Claim Form

PPSN: _____

EGF Client Name: _____

Address: _____

Phone No: _____ e- mail _____

Course Title: _____ Start date: _____

Course Provider: _____ Completion date: _____

Inventory of Purchases

Equipment

Item	Make	Serial No	Where purchased	Receipt Attached	Cost €

Materials

Item	Titles	No purchased	Where Purchased	Receipts attached	Cost €

Total cost of claim **→**

Notes to EGF clients

1. **The maximum level of defrayment cost cannot exceed €1,000 in total.**
2. Course materials, equipment, must be verified in writing as being essential by the course provider.
3. The EGF unit will require course providers to submit attendance sheets for each client.
4. The purchase of a second laptop is not permitted.
5. Software upgrades maybe permitted – this will require written submission from the course provider.
6. Claims cannot be processed **without original receipts.**
7. **Photocopies of receipts are not acceptable**
8. Payments to clients will be made via electronic transfer only.
9. Clients will be required to submit bank account details to the EGF unit.
10. CEC reimbursements will be paid monthly in arrears.
11. **CEC claims must be submitted monthly, failure to submit Monthly will result in claims being disallowed, no exceptions.**

Approvals

EGF client certification

I hereby certify that :

- a. I understand my entitlements as outlined above
- b. Particulars furnished herein are in all respects true
- c. The equipment and materials are for my own use and in support of my EGF supported measures only

Signed : _____

Date : _____

EGF office use only

Date claim received: _____

Sheet No _____

Month / Year of claim _____

CEC client history on shared folder _____

Equipment previous claim _____

Materials previous claim _____

Stationary previous claim _____

Travel previous claim _____

Interview previous claim _____

Total Claim €

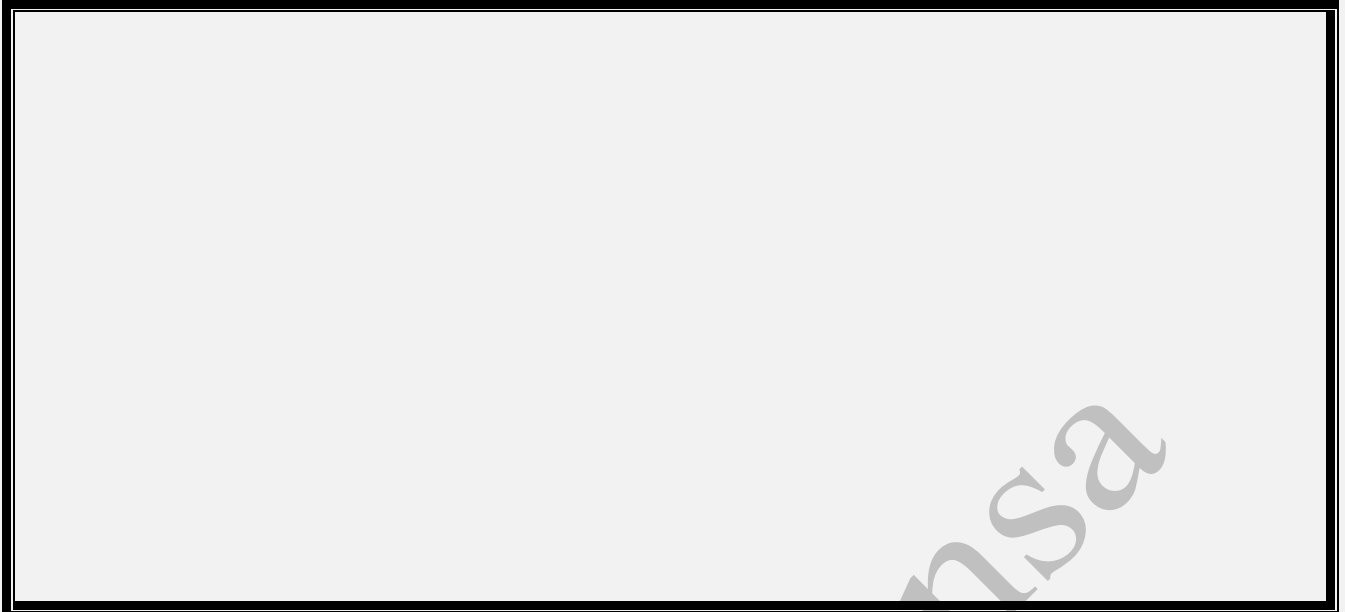
Period

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Equipment code: _____

Materials code: _____

Stationary code: _____



EGF Unit Approvals

EGF approval _____ Date: _____

EGF Project Officer _____ Date: _____

EGF Manager _____ Date: _____

EGF Lufttransa