tale'awtxw aboriginal capital corporation

DETAILED ELIGIBLE COSTS

Claim Number	Contract Number

Name of Client	Type of Costs Claimed (Cost Category)

Use a separate form for each cost category claimed. Refer to Section 2 of the arrangement for the types of costs or cost categories (e.g. equipment costs, advertising costs, business support costs, etc.). Indicate a number that corresponds to the supporting document. Keep all you Invoices and proofs of payment for the life of the arrangement. **Do not claim costs included on previous claims.** Do not include GST/HST on items claimed.

Item Number	Invoice Date (YYYY/MM/DD)	Supplier	Invoiced Amount	Less GST/HST	Amount Claimed	Paid	Description of Item
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
				TOTAL	$0.00	Transfer total amount on the *Claim Summary* form	