



tale'awtxw aboriginal capital corporation

**BUSINESS EQUITY PROGRAM  
CLAIM SUMMARY**

			<b>Contract Number</b>	
<b>Name of Client</b>				
<b>Mailing Address</b>				
<b>Contact</b>			<b>Telephone Number</b>	
Joint Payment or Assignment of the contribution has been requested for this project?			~ Yes ~ No      Yes	
<b>Period Covered</b> From: (YYYY/MM/DD)		To: (YYYY/MM/DD)		<b>Claim Number</b>
				<b>Final Claim</b> Yes
<b>SUMMARY OF COSTS CLAIMED FROM SCHEDULE OF DETAILED ELIGIBLE COSTS</b>				
To calculate the amount of your claim, you need to transfer your total costs from each Detailed Eligible Costs form. For each contract number, you will need to complete a separate Claim Summary form.				
<b>TYPE OF COSTS CLAIMED (COST CATEGORY)</b>				<b>AMOUNT</b>
<b>TOTAL ELIGIBLE COSTS CLAIMED FOR THE CURRENT PERIOD</b>				\$
<p>CERTIFICATION (required for each claim)</p> <p>a) The costs described in this claim and considered eligible were incurred under the terms of the Letter of Offer; and</p> <p>b) Assets previously claimed are still in operation and are utilized in the project (any exceptions have been listed in this claim).</p> <p style="text-align: center;"><b>The Claim Summary form MUST BE signed before the claim can be processed.</b></p>				
Signature of Client or Authorized Representative				
<b>Title</b>				<b>Date</b>