Office Use Only

Start Date of Contribution Agreement	
Project #	

Manitoba Agriculture Food and Rural Initiatives
Growing Forward - Food Safety Program, for Processors and Distributors
Claim Form

Part 1 - Applicant Information

1. Name of Company	2. Contact Name	3. Claim Designation (circle all applicable)					4. Final Claim (Yes/No)
		Milestone Payment			Traceability Payment		
		One	Two	Three	Yes	No	
5. Telephone #	6. FAX #	7. Email Address					

Part 2 - Receipts - Eligible Costs

8. Receipt #	9. Date of Receipt	10. Description of Claim	11. Vendor Name	12. Receipt Amount	13. Amount Claimed

Part 3 - Declaration

I agree that the above costs were incurred to meet the requirements of the Funding Agreement. I acknowledge that these are eligible costs as approved by MAFRI in the Funding Agreement.

14. Name	15. Title

16. Signature	17. Date

*** Eligible costs must be incremental & related to the project.**

*** Photocopies of all eligible receipts (no invoices) must be attached to this form.**

*** Form must be signed by authorized representative.**

Food Safety Program, for Processors and Distributors
Manitoba Agriculture, Food and Rural Initiatives
Agricultural Services Complex
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