

# Funding Claim Submission

## Form Preview

### Invoice Submission

\* indicates a required field

#### Property Information

**Applicant**

First Name

Last Name

**Affected Property Address \***

**Existing Grant Application ID**

#### Upload Invoice(s)

To ensure a smooth review process, please ensure your invoice description aligns with what you originally proposed in your application form. This will allow us to easily verify the information during the cross-reference check.

Invoice to be Issued Against	Description of Items	Cost	Supporting Documents
	eg. consultant, supplier, etc.	Must be a dollar amount.	

**Total**

This number/amount is calculated.

#### Additional Information Section

Attach a file: