



COMHAIRLE NAN EILEAN SIAR

Social & Community Services Department
Sandwick Road, Stornoway, Isle of Lewis, HS1 2BW

Tel: 01851 822719

www.cne-siar.gov.uk/leisurelearninggrants/index.asp

CLAIM FOR PAYMENT / SUBMISSION OF EVIDENCE FORM

Leisure & Learning Grant 2011/12

Completed forms should be returned to Joan Macrae, Social & Community Services Department at the above address.

APPLICANT DETAILS

Name of Organisation Claiming Grant:

Person Claiming Payment:

Address:

Contact Tel No: Position within Organisation:

DETAILS OF GRANT & CLAIM

Grant Reference No: Date of Approval:

Amount Awarded: £ Date Claim due by:

Reason For Grant:

Amount Claiming: £ Amount Outstanding: £

Type of Payment: Instalment Final

Conditions Attached to Award: Subject to evidence

Please tick (✓) (see list below)

and/or Other (please specify)

Please tick (✓) items that are being submitted

Grant Report (complete overleaf)

Copy of Receipted Invoice(s) – total costs: £

Other (please state)

DECLARATION

I hereby apply to Comhairle nan Eilean Siar for payment of the above grant. I have read the Notes for Guidance and I agree to abide by them.

Signed: Date:

FOR OFFICE USE ONLY

Approved Rejected Amended Amount Paid £

Authorised Signature: Date:

Name (Block Caps):

GRANT REPORT DETAILS