



COMHAIRLE NAN EILEAN SIAR

Education, Skills & Children's Services Department
Sandwickhill Learning Centre, East Street, Sandwick, Isle of Lewis
HS2 0AG

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

CLAIM FOR PAYMENT / SUBMISSION OF EVIDENCE FORM

Grants to Voluntary Organisations

Completed forms should be returned, together with evidence to Alice Murray, Education, Skills & Children's Services Department at the above address.

APPLICANT DETAILS

Name of Organisation Claiming Grant:

Person Claiming Payment:

Address:

Home Tel No: Mobile Tel No:

E-mail: 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) –

To include Total Cost of Project £

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