

## **FOREST VOLUNTARY ACTION FORUM**

## **FOD Digital Inclusion Collaborative Project – Partner Claim Form**

Please complete the details below in order to claim for Project Partner related activities.

Your Name:

Organisation Name.			
Organisation Address:			
Account Name:			
Sort Code:			
Account Number:			
Claim Reference Number:			
PLEASE NOTE: Normal cial	im amount is 8 hours per month (£250) totalling	_	` '
8 hours for the current quart agree that further flexibility claims are capped at £4,500	over up to 8 hours from the previous quarter or to ter. Additionally, if the project management team is needed, this will be looked into on a case by o over the 18 month period from January 2023 to within one month of each quarter end and o	n and partner orga case basis. Each p o June 2024.	nisation partners'
8 hours for the current quart agree that further flexibility claims are capped at £4,500 All claims must be made <a href="mailto:finance@fvaf.org.uk">finance@fvaf.org.uk</a> .	ter. Additionally, if the project management team is needed, this will be looked into on a case by o over the 18 month period from January 2023 to	n and partner orga case basis. Each p o June 2024.	nisation partners'
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Activity claimed for			Date of activity	Hours claimed	
Total number of 'no	rmal' hours claime	ed this quarter (24 h	nours max)		
Total number of 'additional' hours (max 8 hours) claimed in this quarter (if applicable)					
Total amount claimed this quarter (hours x £31.25 per hour)					
Total number of unused hours to carry over to next quarter (if applicable)					
	nd that payment o	cannot be made to i	ndividuals		
Print Name: Date:					
We endeavour to ma	ke all payments w	vithin 10 working da	ys of receipt of the cor	mpleted claim form.	
OFFICE USE ONLY	CHECKED:	NAME			
		SIGNATURE			
		DATE			
	APPROVED:	NAME			
		SIGNATURE			

DATE