

**PROJECT TITLE:**

**SCHEDULE TWO**

**ALL SECTIONS IN BOLD MUST BE COMPLETED TO ALLOW PROCESSING OF YOUR CLAIM – INCOMPLETE CLAIMS WILL BE RETURNED.**

**Send to:**

GrantScape Office E, Whitsundoles Broughton Road Salford Milton Keynes MK17 8BU	<b>Project Number</b>	<b>URN No.:</b>
	<b>MAXIMUM FUNDING:</b>	<b>Grant Amount:</b>

**AMOUNT OF FUNDING NOW APPLIED FOR:**

(This must be supported by the attached Schedule Two - Expenditure Breakdown or a similar analysis, as agreed with the Grant Manager, together with copies of all relevant receipts).

**CERTIFICATES:**

I claim £..... on behalf of .....  
from GrantScape in respect of the above costs. I certify that, to the best of my knowledge and belief, the information is accurate, the expenditure has been properly incurred, that any income generated by the project has been declared, and that no other grant has or will be claimed from GrantScape or from any other source towards these costs.

**MILESTONE NUMBER (S) COMPLETED:**

Signed:..... Date: .....

Name: (print) .....Position in  
Organisation:.....

<b>For Office Use Only</b>	
Date Received:	
Approved By:	Signature of Authorised Person:
Date:	Date:
Comments:	

**Return Address:**

Applicant Name & Address

**PROJECT TITLE:**

**SCHEDULE TWO – EXPENDITURE BREAKDOWN**

	<b>Actual expenditure for period/stage</b>	<b>Receipt attached Please tick (√)</b>	<b>Other supporting evidence attached Please tick (√)</b>
Staff Costs (please itemise)			
Administrative / Management Costs			
Professional Fees (please itemise)			
Travel & Subsistence			
Printing & Promotion			
Conferences, Seminars & Events			
Capital (e.g. plant & equipment, tools, building works etc)			
Other (please specify)			
<b>TOTAL (£)</b>			

**Please note that all claims for funding must be accompanied by a breakdown of the expenditure and, where relevant, copies of suppliers' invoices. Please show below any income generated by the project in the period since the last claim:**

<b>Source</b>	<b>Amount (£)</b>