**Lincoln Diocesan Guild of Church Bell Ringers**

**Bell Repair Fund**

**Grant Claim Form**

|  |  |
| --- | --- |
| Project Reference No |  |
| Name & Dedication of Church |  |
| Title of project |  |

The purpose of this form is to tell us how you have spent your grant and to let us know about any remaining money.

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| **SECTION 1 – HOW HAVE YOU SPENT YOUR GRANT?** | | |
| You have completed your project and are now claiming for the funds granted by the LDGCBR BRF Committee. Please complete this section, referring your application form.  In column (a) you need to list all the items of expenditure, as noted in your application form. In (b), tell us how much you have spent on each item. We must have receipts for all expenditure – tick (c) to confirm that you have attached each one.  If you need more space, please continue on a separate sheet. | | |
| **Item (a)** | **Cost (b)** | **Receipt attached (c)** |
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| **SECTION 2 – GRANT SUMMARY** | |
| I have spent this amount on the project: | £ |
| Have any funds been received through the sale of assets? | £ |
| Net project cost | £ |
| Are you able to reclaim the VAT on this project?  VAT can usually be recovered by applying to the Listed Places of Worship Grant Scheme. [www.lpwscheme.org.uk/](file:///E:\Dropbox\My%20Documents\LDG%20Bell%20Repair%20Fund\Correspondence%20-%20Grants\Belton%20(Southern%20Branch)%202018\www.lpwscheme.org.uk\) | YES / NO / PARTIAL  (Delete as appropriate) |
|  |  |

|  |  |
| --- | --- |
| The total of grant offered was: | £ |

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| --- | --- |
| **SECTION 3 – DECLARATION** | |
| I claim\* £ \_\_\_\_\_\_\_\_\_ from LDGCBR BRF in respect of the above costs.  To the best of my knowledge I confirm that:   * the information is accurate * the expenditure has been properly incurred   \*Please leave amount blank if the cost differs from the quotation as it may be recalculated. | |
| Name |  |
| Signature |  |
| (PCC Secretary) |
| Date |  |
| Grant cheque should be made payable to |  |

**Please return this form to the Bell Repair Fund Administrator.**

|  |  |  |
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| **FOR LDGCBR USE ONLY** | | |
| I confirm that I have checked this claim form and any attachments and verified all expenditure listed. | | |
|  | BRF Administrator | Branch Secretary |
| Summary of any action undertaken |  |  |
| Signature |  |  |
| Name |  |  |
| Date |  |  |