

Advice to Agreement Holders

- You must complete all sections of the form marked with a *. Put N/A for any questions that do not apply to your claim.
- Refer to the TPCG Claim Guidance for information on how to submit a claim.
- Any incomplete or incorrect Claim Forms will be returned.
- The Claim Form must be signed by the Lead Applicant or a Project Representative, and the signatory must match the Claimant Details in Section 1.
- We can only accept digital e-signatures or 'wet' signatures. We cannot accept typed signatures.
- We aim to pay claims within 22 working days of receipt of a completed claim.

Section 1: Claimant Details

TPCG reference: *	
Claimant name: *	
(Lead Applicant or Project	
Representative)	
Single Business Identifier (SBI):	
Grant recipient	
organisation¹: *	
This is the organisation to which	
the claim is payable	
FC Supplier Reference Number:	
Only applicable if you have claimed with the FC before	
Are you able to recover VAT on expenditure? *	Yes
	No
	Partly
If 'Partly', please provide further details:	•
further details:	

¹ This must match the Individual or Business Name provided on the Forestry Commission Supplier Creation Form and the Grant Recipient named in the Grant Agreement.



Section 2: Claim Details

Claim type: *			Preliminary claim
			Final claim
Claim amount: * (50% or less of total of	cost)	£	
Please give any add	itional ii	nformatio	on relevant to your claim:
Section 3: Declarat	ion		
I confirm that I have at	ttached th	he followir	ng with my Claim Form:
\square Evidence of ex	kpenditur	e in the fo	orm of invoices and/or timesheets *
☐ <u>Spending Trac</u>	ker detai	ling each	cost and/or activity claimed for *
☐ Optional: Phot	ographs	of items a	and/or activities where the total cost is >£1,000
□ Optional: Supp	olier Crea	ition Form	(if not claimed with the FC before)
I confirm that I have no Production Capital Grar			e items/activities previously through the Tree nt.
Production Capital Gran	nt and tha	at the info	d the guidance and rules relating to the Tree ormation provided in this Claim Form is accurate and pations of my agreement, I will notify the Forestry
recovered if it appears	to the Fo	restry Co	nderstand that payment may be withheld or mmission that any of the conditions have not been tement has been made.
Claimant name: *			
Claimant signature: *			
Date: *			

Completed claims must be sent to: TPCG@forestrycommission.gov.uk