

Advice to Agreement Holders

- You must complete all sections of the form marked with an asterisk (*). Put N/A for any questions that do not apply to your claim.
- **Please read the [TPIF 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 or images of signatures.
- We aim to pay claims within 22 working days of receipt of a completed claim.

Section 1: Claimant Details

TPIF reference: *		
Claimant name: * Lead Applicant or Project Representative (must match signatory)		
Single Business Identifier (SBI): * (please enter N/A if you are not registered with the RPA)		
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 you can partly recover VAT, or you can recover VAT on some costs but not others, please provide 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

Financial Year: *	☐	2026-27
	☐	2027-28
	☐	2028-29
Claim type: *	☐	Interim claim
	☐	End of year claim
	☐	End of project claim
	☐	None of the above – progress claim
Claim amount: *	£	

Please give any additional information relevant to your claim:

Section 3: Declaration

I confirm that I have attached the following with my claim form:

- ☐ Evidence of expenditure in the form of invoices and/or timesheets *
- ☐ [Spending tracker](#) detailing each cost and/or activity claimed for *
- ☐ A progress, interim, end of year or end of project report *
- ☐ Supplier Creation Form (if not claimed with the FC before)

I confirm that I have not claimed for these items/activities previously through the Tree Production Innovation Fund or any other grant.

I confirm that I have read and understood the guidance and rules relating to the Tree Production Innovation Fund and that the information provided in this Claim Form is accurate and complete. If I am unable to fulfil the obligations of my agreement, I will notify the Forestry Commission.

I accept the conditions of payment and understand that payment may be withheld or recovered if it appears to the Forestry Commission that any of the conditions have not been complied with or a false or misleading statement has been made.

Claimant name: *	
Claimant signature: *	
Date: *	

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