CANADA~ NOVA SCOTIA
INFRASTRUCTURE
PROGRAM

INTERIM CLAIM FORM SUMMARY

APPLICANT: **INTERIM CLAIM #:**

PROJECT NUMBER: **DATE OF CLAIM:**

PROJECT TITLE: **PERIOD COVERED:**

SUMMARY OF INTERIM CLAIM

(1) Total value of paid invoices attached (including taxes): _____

(2) Total of HST & any other eligible rebates: _____

(3) Net amount of invoices = line (1) minus line (2): _____

(4) Net claim = line (3) ___ x ____% specified in section 2 of your contract: _____

Total amount claimed (all previous claims) _____

Total amount this claim (Line 4 above) _____

Total amount claimed to date _____

DEPARTMENTAL USE ONLY

Total Project Commitment _____

Less Total Paid to Date _____

Balance of Commitment _____

10% Project Holdback _____

Total Approved for Payment This Claim _____

Date Requisitioned _____ Date Mailed _____

CERTIFICATION (to be signed by project accountant or person representing the Applicant).

I hereby certify to the following to the best of my knowledge:

Yes ☐ No ☐ that all costs claimed herein have been incurred and are eligible costs of the project

Yes ☐ No ☐ that all information reported is accurate and complete

Yes ☐ No ☐ that the project is in compliance with all conditions of the Infrastructure Project Offer/Agreement

Yes ☐ No ☐ that all conditions of Schedule 'D' (Environmental Requirements) of the Agreement are of being implemented

_____ _____ _____

Print Name, Title of Person Representing Applicant | Signature | Date