



**European Union**  
European Regional  
Development Fund

## SFSY Connection and Innovation Voucher Scheme

### Claim Form: Innovation Voucher

<b>Company name</b>	
<b>Company address</b>	
<b>Applicant Name</b> Please use the name from your original application	
<b>Date of innovative installation</b>	

<b>Innovation Voucher Offer Letter Reference Number:</b> Your unique reference number is on the letter we sent you when you were offered a Connection Voucher	
<b>New innovation installed:</b> Please include a description of the new innovation from your supplier, what does it do?	
<b>Supplier payment date:</b> Please provide a copy of the bank/credit card statement that shows the full payment including VAT has been made to the supplier	
<b>Total supplier invoice cost, excluding VAT:</b> Invoices must be fully itemised	
<b>Total contribution amount from company, excluding VAT</b> Including any additional costs that you have paid the supplier directly	
<b>Total voucher claim amount, excluding VAT:</b>	



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**I confirm that: (Please use tick box)**

**The new innovative installation is now in place and operational and that its performance matches or exceeds that described in my application**

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Please note that you can only claim for work undertaken as part of the Innovation Voucher and completed before the deadline. Future work cannot be included. We reserve the right to audit the innovation before payment.

**I enclose the fully itemised invoice from my supplier**

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You should retain a copy of the invoice for your records and enclose the original with your claim, if you need it returning let us know

**I enclose proof of the supplier invoice payment**

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**I have included my Voucher Redemption Invoice**

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**This is an Applicant led application and as the Applicant I am responsible for VAT and any other additional charges**

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You are responsible for paying any VAT and additional charges directly to the supplier

**BY INSERTING YOUR NAME AND DATE BELOW, YOU AGREE TO THE CONTENT WITHIN THIS DOCUMENT**

Signed:		<b>The person signing this form must be able to take financial responsibility for the innovation</b>
Full name (in capitals):		
Date:		