

# Claim for Payment Form/Tax Invoice

## Erosion Control Funding Programme (East Coast)

Ministry for Primary Industries  
Manatū Ahu Matua



### From

Name:  
Postal address:  
  
Contact Number:  
Email Address:

### Tax Invoice

Date Issued:  
Invoice Number:  
(Your grant number and own invoice reference)  
  
GST/IRD Number:

### To

Ministry for Primary Industries  
Attention: Erosion Control Funding Programme  
PO Box 2526  
Wellington 6140

### Bank Account Details

Bank:  
Account number:  
Account Name:

### Claim Details

Project details are highlighted in your Approval Certificate or Grant Agreement

Grant Number	Treatment Type Eg Maintenance or Establishment	Establishment Year	Date Work Completed (month & year)	Area Treated (ha)	Number of Poles Planted	Payment Claimed		For Office Use Only					
						\$/ha or \$/pole	Total \$	Milestone Number	Area Recommended (ha)	Payment Recommended			
									\$/ha or \$/pole	Total \$			
<i>Eg</i>	<i>Reversion Establishment</i>	<i>2015</i>	<i>Jul 2015</i>	<i>12.3</i>	<i>n/a</i>	<i>\$900/ha</i>	<i>\$11,070</i>						

Comments:

Total  
GST  
TotalinclGST

## Supporting Information

Please attach supporting information i.e. quality control data, shape files or map highlighting the actual treated area.

**Disclaimer:** The Scheme Administrator may determine a payment area that is different to the claimed area as a result of a field inspection and/or GIS mapping.

## Grantee Declaration and Signature

Declaration: I/we hereby declare that the above statements and particulars are correct and complete, and that I/we have complied with the terms of my/our ECFP project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Status: \_\_\_\_\_  
e.g. landowner, forestry right holder, lessee, trustee or other authorised signatory – please specify.

For assistance in completing this claim form email: [funding@mpi.govt.nz](mailto:funding@mpi.govt.nz) or phone: 0800 00 83 33.

## For Office Use Only

Site Inspection Completed		Signature: _____	Date: _____
Geospatial mapping of treatment area completed		Signature: _____	Date: _____
Treatment map created and verified		Signature: _____	Date: _____