**(On Company Letterhead)**

The Manager

Grants Administration

IDA Ireland

Three Park Place

Hatch Street Upper

Dublin

D02 FX65

**Directors' Statement of Claim**

**Training Grant**

Date

Dear Sir / Madam

Re: (State name of Company)

Letter of Offer/Grant Contract Dated:

Claim No. IDA Ref. No:

In accordance with the above contract under which a **Training Grant** amount up to € (State Amount) was approved for (Name of Grantee), we hereby apply for a grant instalment amounting to € (State Amount).

The following amounts have been paid to date, are exclusive of VAT and employer's contribution to Pay Related Social Insurance, and covers the quarter(s) to (State Date(s)) and are in accordance with the books and records of the company.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Trainee Costs** | | **Trainer Costs** | | **Travel**  **& Sub-sistence** | **Cost of External Courses** | **Materials** | **TOTAL** |
|  |  | Salary Costs | Overheads | Salary Costs | Overheads |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Certified Expenditure to last claim | 1 |  |  |  |  |  |  |  |  |
| Deduct: Disallowed expenditure to date | 2 |  |  |  |  |  |  |  |  |
| Sub-total (1-2) | 3 |  |  |  |  |  |  |  |  |
| Expenditure per this application | 4 |  |  |  |  |  |  |  |  |
| **Total Expenditure** | 5 |  |  |  |  |  |  |  |  |
| Amount Payable ( % of 5) | 6 |  |  |  |  |  |  |  |  |
| Amount already received | 7 |  |  |  |  |  |  |  |  |
| **Instalment Now being claimed (6-8)** | 7 |  |  |  |  |  |  |  |  |

Details of the expenditure in respect of the present application are attached separated between Trainee and Trainer Costs for each year.

Supporting invoices and other documentation in respect of this application can be inspected at the Company's premises at (State Address).

Yours faithfully

Director