

Export Development Program Claim Form Stream 1



As outlined in the Agreement, claims must be made within 30 days of Project completion. All Projects must be completed by March 31st. Please include with this claim form all deliverables, as outlined in the Program Guidelines (see below).

Deliverables will include the following:

- A completed electronic Excel (not pdf) version of the EDP Stream 1 Claim Form Worksheet
- Copies of related project invoices/receipts as well as proof of payment for conference/booth expenses such as credit card/bank statements, copies of the front and back of cheques (indicating they have been cashed at a financial institution) or a wire or e-transfer receipt that shows the status of the transaction as “completed” or “confirmed”
- Per diem: Proof of travel must be submitted (i.e., airline boarding passes, or hotel invoice(s), etc.) to validate the per diem calculation
- Airfare stipend: Proof of airfare in the form of a detailed itinerary and/or invoice
- Proof of attendance at a trade show/conference if no attendance fee was required (i.e., photo of show badge, photo of booth, etc.)

Company Information:

Business name:	
Claim contact name:	
Contact telephone:	
Contact email:	

Project Information:

List the travel destination(s) for this project:	
Actual Project Start Date (MM/DD/YYYY):	
Actual Project End Date (MM/DD/YYYY):	
Number of Night Stays:	

Company Representatives:

Please insert n/a if no company representatives participated.

Company Representative #1

First and Last Name:	
Title:	
Resides in Nova Scotia:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Representative #2

First and Last Name:	
Title:	
Resides in Nova Scotia:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Funding:

Will you be receiving any additional funding for this project?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes, please indicate the amount of funding you have received or will receive. (\$CAD)	

Certification

<p>I attest that this project has been completed in its entirety per the Agreement. All related project invoices that are the subject of this claim and Agreement have been paid in full by the Company that holds the Agreement. Furthermore, I certify that all information submitted for this claim is true and correct, and that any incorrect information and/or deliberate misstatement will result in rejection of the claim. If after a claim is paid it is discovered that the Company misrepresented any information provided to Invest Nova Scotia for adjudication of the claim or has omitted the submission of required documentation, the Company will be obligated to repay the funds paid under this claim to Invest Nova Scotia.</p>		<input type="checkbox"/>
Authorized officer name:		
Job title:		
Signature:		
Date (MM/DD/YYYY):		
<p>Please return completed form to:</p> <p>Invest Nova Scotia Att: Export Development Program Claims 701-1800 Argyle Street Halifax, NS B3J 3N8 Email: claims@investnovascotia.ca Phone: 902.424.5922</p>		