



# TNRD Search & Rescue Funding Program Claim Form "A"

Name of SAR Team: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fiscal year: \_\_\_\_\_

Project #: \_\_\_\_\_

Project Title: \_\_\_\_\_

Claimed Amount: \$

\_\_\_\_\_

(Amount being claimed must not exceed the TNRD commitment outlined in the project approval letter.)

### REQUIRED DOCUMENTATION:

Ensure the following information is attached to your Claim Form "A":

1. A **completed claim calculation worksheet "B"** (available on the TNRD [website](#)).
2. **Invoices**, marked paid, covering the total cost of the project, and
3. **Proof of payment** and date paid (e.g., cancelled cheques, general ledger account).
4. If requested by the TNRD, an external audit may be required all projects where the TNRD share exceeds \$50,000.

### CERTIFICATION:

1. That the expenditures claimed are supported in the accounts of:

\_\_\_\_\_ and are supported by proper documentation

(Name of SAR Team)

2. That no portion of said expenditures has been included in any previous claim, and
3. That all applicable and known credits or refunds have been taken into account and the Director of Finance of the TNRD will be promptly notified on any further credits or refunds received.

### CLAIM CERTIFIED BY APPLICANT:

Auditor or Designated Financial Officer: (print title) \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(month/day/year)

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_