Annex C

Llywodraeth Cymru
Welsh Government

LOCAL TRANSPORT FUND

Claim Form – Financial Year 2015–2016

The Local Authority shall complete <u>one form per quarter</u> to cover claims for <u>all</u> Local Transport Fund schemes for which you received funding in FY2015-16.

Local Authority	
Project Manager contact name and telephone number	
Period of Claim** ***The quarter and year for which the payment is being claimed*	

	Complete for FY2015-16 only				
Scheme Name	**LTF Allocation £'000**	**Eligible LTF Expenditure in FY to Date £'000**	**LTF Claimed to Date <u>prior</u> to this claim £'000**	**This LTF Claim £'000**	**LTF Claimed to date <u>including</u> this claim £'000**
TOTAL					

To be completed by the Project Manager

I confirm that I am authorised to verify on behalf of the local authority, that all copies of evidence provided with this claim are true copies of original documents including e-copies.

Date:

Completed By: **Job Title:**

Signature: