



GAS TAX FUNDING
PROGRESS CLAIM / FINANCIAL REPORTING
REIMBURSEMENT BASED PAYMENT FUNDING

Recipients receiving Gas Tax funding are required to use only this form for progress claims. Be sure to include (and attach) all supporting documentation, receipts and photos. **To be used only when multiple payments will be applied. If only one reimbursement is applied then use the final project report.**

Transfer payment agreement details					
Recipient			Funding amount/project amount approved		
Project title			Project number		TPA number: T000
Project start date YYYY/MM/DD			Project completion date YYYY/MM/DD		
Cash flow projections / financial reporting					
For reimbursed payments; the actual cost must be provided. Projected estimates are to be provided to show what your anticipated next reporting period looks like.	Reporting period From: YYYY/MM/DD to: YYYY/MM/DD		Reporting period From: YYYY/MM/DD to: YYYY/MM/DD		Total funding
	<input type="checkbox"/> Projected <input type="checkbox"/> Actual		<input type="checkbox"/> Projected <input type="checkbox"/> Actual		
Revenue (funding sources)					
YG gas tax funding					0
YG other:					0
Other:					0
Total revenue	\$	0.00	\$	0.00	\$ 0.00
Expenditures (list expenditures / identify project phase)					
					0
					0
					0
					0
Total expenditures	\$	0.00	\$	0.00	\$ 0.00
Percentage of the project that is complete: %		Note: If your list of expenditures is greater than the space provided OR you have more reporting periods, attach separately with the spreadsheet provided.			Attached separately? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any changes to the scope or the timing of the project? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the project costs likely to be greater than the original application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Recipient certify / authorized signatures					
All claims – I certify that costs stated above have been incurred and paid and are attributable to this project, are eligible and net of tax and any other rebates/grants and are in accordance with the provisions of the Canada/Yukon Gas Tax Administrative Agreement. I acknowledge that all claims made under this program are subject to all audit and records are being maintained as defined in Section 10 Schedule A of the funding Agreement. The information contained on this form is collected under Section 161 of the <i>Keeping Canada's Economy and Jobs Growing Act</i> , S.C. 2011, C.24 and the Canada-Yukon Gas Tax Administration Agreement and will be used for the purpose of administering the Gas Tax Fund. For further information, contact the Gas Tax Fund Administrator at (867) 336-0469, toll free within Yukon 1-800-661-0408, ext.5111.					
Name and position:			Signature:		Date YYYY/MM/DD