Environmental Co-operation Action Fund timesheet



- This form must be completed showing your time spent supporting the activities outlined in your Environmental Co-operation Action Fund approved contract.
- You must enter the type of work and the date and hours worked for that date in order for us to calculate your payment due.
- This timesheet should be submitted with your claim form.
- Please complete in BLACK CAPITAL LETTERS.
- Please read the further guidance on completing this form at page four.

Part 1 – Your details
Case reference number
Business Reference Number (BRN)
Business name
Business address
Postcode
Telephone number
Email



Part 2 - Details of your time

I wish to apply for the daily rate of assistance towards the cost of carrying out the following relating to my approved business plan:

		Hours
Type of work	Date	worked
Total number of days		

Part 3 – Declaration (to be completed by facilitator)

I declare that:

I have read and understood the rules, conditions and requirements of the Environmental Co-operation Action Fund as detailed on the Rural Payments and Services website https://www.ruralpayments.org

I declare that, to the best of my knowledge and belief, the information given on this claim form is correct.

I understand that the information given may be used for monitoring and evaluation purposes.

I understand that any false or misleading statement I make may result in the withholding or recovery of all or part of any payments.

Signature of applicant	
Name (BLOCK CAPITALS)	
Date//	

Your completed form should be returned to:

ECAF Payments Team Q1 Spur Saughton House Broomhouse Drive Edinburgh EH11 3XD

Further guidance for completing your timesheet

Part 1 - Your details

Case reference number – please enter your case reference number as shown on your contract.

Business Reference Number – enter your six digit BRN.

Business details – enter your business name and contact details as shown on your application.

Part 2 - Details of your time

You must complete this section detailing the type of work that you are claiming for this quarter and the amount. You should enter the date that the work took place and the number of hours you spent on the work.

For example: drafting publicity material 08/01/2016 5 hours hosting a public meeting 10/02/2016 4 hours meeting with group members 12/03/2016 4 hours

Part 3 - Declaration

Please read, sign and date the declaration.

For official use only:			
I confirm that the claim is fit for purpose and is certified for payment.			
Signed	Date		
Name	User ID		
A payment of £	has been authorised		
Signed	Date		
Name	User ID		