MH3 Culture Fund Proof of Expenditure Form								
Appl	icant : .	••••••						
Scanne	d invoic	es submitte	ed MUST be accom	panied by a copy of the b	ES / NO bank statement	and Heritage		
Please	list eligi	ible invoice	es below.					
List No.	Date	Invoice No.	Supplier	1	registered	registered		
1								
2								
3								
4								
5								
6								
7								
8								
9								

Carry forward total to following page if necessary.

Please number all invoices on top right hand corner according to list order.

TOTAL

MH3 Continuation Sheet

10

11

12

13

14

List No.	Date	Invoice No.	Supplier	Description of Goods/Services	VAT registered (Net cost)	Not VAT registered (Total cost)
C/f						
				TOTAL		
				TOTAL of GRANT		