Nutritional Labelling Claim Form

Issued by Saskatchewan Food Processors Association

March 2011

Date: _____

Company: _____

- **Funding is based on 50% of total expense claim**

- **Allowable expense categories:**
  - Nutritional Analysis (Wet/Dry)
  - Label Plate*
  - Carton/Case Plate*
  - UP Code
  - Bilingual Interpreter

**Covers plates only; labels themselves are not eligible*

IMPORTANT:

- **Copies of invoices, cancelled cheques, and/or credit card receipts must be included when submitting a claim.**
- **Applicants must also submit <u>two copies</u> of this form along with <u>two copies</u> of the Nutritional Labelling Company Information Form.**

Supplier	Invoice #	Invoice Date	Amount**	Product #

****Net of GST***

TOTAL AMOUNT CLAIMED: _____