**Procedure III**

 **Form C**

TO: Caribbean Development Bank Date

 P.O. Box 408 Grant No.

 Wildey

 St. Michael

 **BARBADOS, W.I**.

Dear

 We attach hereto supporting documents for **$ …………………………** of the float of **$...................................**obtained on Application No.  **.**  Procedure III (i) \*hereby leaving an amount of **$...............................** still to be documented/hereby fully documenting the said "float".

 The undersigned hereby certifies that such expenditures were made for the purposes specified in the said Grant Agreement; the goods and services so purchased are appropriate for such purposes, the cost and terms of purchase thereof are reasonable, and none of the expenditures were in the territories of any country which is ineligible for procurement according to the said Grant Agreement.

 The undersigned further certifies that none of the expenditure now presented has been otherwise charged against the Account; furthermore, the undersigned has not obtained and will not obtain funds for such purposes out of the proceeds of any other Grant, credit or grant available to the undersigned, other than such short-term Grants or credits (if any) established in anticipation of the "float" against which these documents are presented and have been repaid pro tanto with the funds made available by the said "float".

 The documentation attached includes signed and numbered summary sheets along with the Project Supervisor's Certificate.

 (Name of Beneficiary)

 per: Authorised Representative(s)

 (Name in Block Capitals)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature(s)

**STATEMENT OF EXPENDITURE FOR**

**GRANTS USD 300,000.00 OR LESS**

 **Date**

 **Grant No. Application Serial No.**

 **Summary Sheet No.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Item****No.** | **Goods or Service** **Description** | **Project Component Code** | **Country of Origin of Goods/Services** | **Invoice Date or Progress Certificate Date** | **Name and Country Location of Supplier/ Contractor** | **Date of** **Payment** | **Amount Requested** | **Evidence of Payment Submitted** | **Remarks** |
| 1. |  |  |  |  |  |  |  |  |  |
|  |  |  |   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

The above are the details of the amounts referred to in the said Application.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Beneficiary)

 Per authorized representatives:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) Block Capitals

 Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_