

Boat Builders' Marketing Assistance Program EXPENSE CLAIM FORM



Return this completed form with your PAID INVOICES to:

Nova Scotia Boatbuilders Association

57 Crane Lake Dr., Suite 1

Halifax, NS B3S 1B5

Attn: BBMAP

Name on Application:	File #
Address:	
Project Description:	

List of Paid Invoices

Date of Invoice	Supplier	Item Description	Cost (excluding HST)
TOTAL:			