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:	