

LOCAL TRANSPORT FUND

**Claim Form – Financial Year 2022-23**

*The Local Authority shall complete one form per quarter to cover claims for all Local Transport Fund schemes for which you received funding in FY2022-23.*

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| **Local Authority** | **Isle of Anglesey County Council** |

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| **Project Manager contact name and telephone number** | [redacted personal information] |

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| **Period of Claim\*\***  \*\**The quarter and year for which the payment is being claimed* | **Q2** |

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|  | **Complete for FY2022-23 only** | | | | |
| **Scheme Name** | **LTF Allocation £’000** | **Eligible LTF Expenditure in FY to Date £’000** | **LTF Claimed to Date prior to this claim £’000** | **This LTF Claim £’000** | **LTF Claimed to date including this claim £’000** |
| **Bus Interchange Project** | **630** | **8.926** | **0** | **8.926** | **8.926** |
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| **TOTAL** | **630** | **8.926** | **0** | **8.926** | **8.926** |

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| **To be completed by the Project Manager**  I confirm that I am authorised to verify on behalf of the local authority, that all copies of evidence provided with this claim are true copies of original documents including e-copies.  **Date: 30/10/2022**  **Completed By:** [redacted personal information]  **Job Title: Group Engineer – Strategic & Sustainable Transport**  **Signature:** [redacted personal information] |