

**1 Identification of client**

Name or business name	Telephone No.
Address (number, street or range, municipality, postal code)	Fax No.

**2 Identification of financial institution**

Name	Telephone No.
Forward to	
Address (number, street or range, municipality, postal code)	Fax No.

**3 Supporting documents**

(Instructions on back)

<input type="checkbox"/> Establishment grant <input type="checkbox"/> Start-up grant <input type="checkbox"/> Consulting grant					<input type="checkbox"/> Deferred portion of the loan or trusteeship	
√	Invoice number	Amount of invoice (A)	Grant other than that of FADQ (B)	Amount claimed (A-B)	Payable to	Nature of purchases or services (period if required)
Total amount from the schedule Request for Payment (1006-1-A)				<b>→ This section is reserved for La Financière agricole du Québec</b>		
<b>Total amount claimed:</b>				Amount before tax withholding for the grant (√) (including amounts from schedule)		\$ _____
I declare that the invoices on this request for payment form were not subject to grants other than those stated on this form and that they were used in accordance with the outline of use as specified through the grants claimed.						
Signature of client _____ Date _____						

**→ The following sections are reserved for La Financière agricole du Québec**

**4 Recommandation de paiement avec la subvention**

Subvention		Paiement recommandé	Solde après paiement	N° demande GOF
No	2 8	\$	\$	
No	4 0	\$	\$	
No	4 1	\$	\$	

**5**  Modification à l'utilisation des montants   
 Hypothèque mobilière additionnelle et avis   
 Commentaires

	\$
	\$
	\$

**6 Provenance des fonds**

Montant payable par :	Degré de réalisation du projet :
<input type="checkbox"/> le différé de prêt ou de son compte spécial de _____ \$ <input type="checkbox"/> les fonds déposés en fidéicommis de _____ \$	_____ %
prévu pour _____	

**7 Recommandation de paiement avec le prêt**

Numéro certificat	Paiement recommandé	Solde après paiement	N° demande	<input type="checkbox"/> Hypothèque mobilière additionnelle de 1 <sup>er</sup> rang et avis, s'il y a lieu, pour les biens décrits à la section 5
3 0	\$	\$		

Ce formulaire doit être conservé par l'institution financière. Le formulaire n° 2001E « Transactions financières - Déboursement de prêt ou d'ouverture de crédit » sera rempli et transmis mensuellement à La Financière agricole du Québec lorsqu'il y a déboursement du prêt. Les institutions financières qui expédient l'ensemble des transactions financières sur un prêt par transfert électronique de données n'ont pas à nous faire parvenir le formulaire n° 2001E.

**8 Signature**

_____	_____
Représentant de La Financière agricole du Québec	Date

## NOTES ON HOW TO COMPLETE THE FORM

This guide explains how to complete the form "Request for Payment".

If you complete the form by hand, please print in block letters and in ink.

Please complete sections 1, 2 and 3.

### 2 Identification of financial institution

Complete this section when there is a request for disbursement of a loan deferral.

### 3 Supporting documents

- Enter supporting documents one by one grouped according to supplier.
- If the space provided for invoices is insufficient, use the schedule Request for Payment (1006-1-A) and attach it to the form Request for Payment (1006-A).

Invoice number      This number must be entered to make it easier to identify supporting documents.

Grant other than that of FADQ      In addition, this grant must not be subject to financing from La Financière agricole.

Amount claimed      The amount claimed equals the amount of the invoice less the amount of the grant other than that of La Financière agricole with regard to this invoice.

Amount in column A – Amount in column B = Amount claimed

Payable to

- For all unpaid invoices, state the supplier's name.
- For invoices paid through a temporary loan not guaranteed by La Financière agricole, state the name of the financial institution.
- ✓ In both these cases, the cheque will be issued jointly in your name and that of the supplier or the financial institution.
- For invoices paid from your cash flow, enter the name of your operation.

Nature of the purchases or services      For invoices involving the consulting grant, specify the period in which the services were rendered.

**Note: You must attach original invoices. They will be returned to you after verification.**