

Fund Claim Form

S.No.	Particular	Units
1	Name of ULB	
2	Address of ULB	
3	Name of Collection Center	
4	Nodal Officer of Collection Center	
5	Quantity of waste plastic waste purchased/ received (Receipt No. ref.: S.No. 1 to 68 attach copies	
6	Total amount paid to seller ragpickers/households Attach ref.:	
7	Quantity transferred to HPPWD Attach receipt copies	
8	Amount received from HPPWD against plastic waste transferred to HPPWD	
9	Quantity transferred to Cement Co. Attach receipt copies	
10	Amount received from Cement Co. against Plastic waste transferred to the company	
11	Total Claim (6)-(8)-(10)	

**Director,
Urban Development,
H.P., Shimla-02**

Dated..... Place.....