

# Urban Green Team

## CLAIM FOR REIMBURSEMENT

**DEADLINE DATE: September 30, 2009**

A separate claim form must be completed for each employee. **If faxing, do not send originals in the mail.**

### APPLICANT INFORMATION:

File # (see approval letter): _____	Name of Organization: _____
Mailing Address: _____	Town/ City: _____ Postal Code: _____
If mailing address is different from original grant application, please explain: _____	
Contact Person for Claim Form: _____	Phone # (DAYS): _____
E-mail Address: _____	Fax #: _____

### EMPLOYEE INFORMATION:

Name of Employee: _____	Approved Position # (position 1, 2, 3 or 4): _____
New Employee <input type="checkbox"/> Replacement Employee <input type="checkbox"/> If a replacement employee, who is he/she replacing? _____	

**PROJECT COSTS:** Must have receipts with explanation of expenses. Enter 0 if not claiming any amount. \$ \_\_\_\_\_

**HOURS WORKED:** Indicate number of hours employee worked each week (**include hours for statutory holidays**).

1st	2nd	3rd	4th	5th	6th	7th	8th	9 <sup>th</sup>	10th	11th	12th	13th	14th	15th	16th	<b>Total Hrs.</b>
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If employee worked less than 25 hours per week or less than six weeks, please explain: \_\_\_\_\_

### PAYROLL INFORMATION:

First Day Worked (Y/M/D): _____	Wage Paid Per Hour (by organization): \$ _____
Last Day Worked (Y/M/D): _____	Total Vacation Pay Paid: \$ _____
Total Statutory Hours: _____	Total Gross Earnings (including vacation pay): \$ _____
Total Overtime Hours: _____	
Total Regular Hours: _____	<b>Total Net Earnings Paid: \$ _____</b>

**This section must be completed by the employee (including date signed).**

**If not able to attain a signature from the employee,** payroll records must be attached showing gross earnings, deductions, vacation pay and net earnings (a year-to-date payroll record showing entire payments for time worked will be accepted).

### EMPLOYEE CERTIFICATION:

*I hereby certify this information is correct and I have **received the Total Net Earnings Paid as listed above.***

Employee Name (please print)	Employee Signature	Date Signed
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### EMPLOYER CERTIFICATION:

*I hereby declare that I have read and understand the terms and conditions of the program and certify that the information stated on this Claim for Reimbursement form is accurate and true.*

Authorized Person in Organization (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Eligible Hours X \$9.10	Eligible Project Costs Maximum \$250.00	Amount Advanced	Total Authorized Assistance (add first 2 columns less 3 <sup>rd</sup> column)
\$ _____	\$ _____	\$ _____	\$ _____
Authorized Signature (Processed Claim): _____		Date Processed: _____	
Authorized Signature (Verified Claim): _____		Date Verified: _____	