

HOMETOWN 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 th	10th	11th	12th	13th	14th	15th	16th	Total Hrs.	

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: _____	Total Net Earnings Paid: _____	\$ _____

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

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 or \$4.55	Eligible Project Costs Maximum \$250.00 or \$125.00	Amount Advanced (if applicable)	Total Authorized Assistance (add first 2 columns less 3 rd column)
\$ _____	\$ _____	\$ _____	\$ _____
Authorized Signature (Processed Claim): _____	Date Processed: _____		
Authorized Signature (Verified Claim): _____	Date Verified: _____		

[Ce document est aussi offert en français]

MB4Youth Division

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