

## INSTRUCTIONS FOR COMPLETING THE CLAIM FORM

### GENERAL INFORMATION

Please use the claim form when submitting eligible costs for reimbursement. Only one claim form needs to be submitted in order to claim both the federal and provincial governments' contribution. You may attach additional pages if required. Additional forms may be obtained by contacting the lead ministry specified below.

Submit your claim to the appropriate Ministry address:

Ministry of Transportation and Infrastructure  
Infrastructure Development Branch  
5C - 940 Blanshard Street  
PO Box 9850 STN PROV GOVT  
Victoria, BC V8W 9T5  
tel: (250) 952-0675 fax: (250) 356-0897

Ministry of Community and Rural Development  
Infrastructure and Finance Division  
4<sup>th</sup> Floor - 800 Johnson Street  
PO Box 9838 STN PROV GOVT  
Victoria, BC V8W 9N7  
tel: (250) 387-4060 fax: (250) 356-1873

### Notes:

The claim process can be initiated by fax or e-mail; however, before payment can be made, the claim form with original signatures **must** be sent in to the lead ministry. Please do not sign with black ink, as it is difficult to ascertain whether it is an original or a photocopy. If required, additional information or documentation may be requested to support the claim.

**To be eligible for reimbursement, the costs incurred must be included in the approved project budget for the project scope listed in Schedule A of the Contribution Agreement.**

Please refer to the [Program Guide](http://www.th.gov.bc.ca/BCFCC/documents/on-line_program_guide.pdf) (page 79) for more details:  
[http://www.th.gov.bc.ca/BCFCC/documents/on-line\\_program\\_guide.pdf](http://www.th.gov.bc.ca/BCFCC/documents/on-line_program_guide.pdf)

**Any changes to the project scope must be approved in advance by the Management Committee prior to executing the changes.**

## HOW TO COMPLETE THE CLAIM FORM

Field	Description
<b>Recipient/Project Identification</b>	
Recipient:	<ul style="list-style-type: none"> <li>Enter the recipient's legal name.</li> </ul>
Project Name:	<ul style="list-style-type: none"> <li>Enter the project name.</li> </ul>
Project number:	<ul style="list-style-type: none"> <li>Enter the project number.</li> </ul>
Name of Contact Person:	<ul style="list-style-type: none"> <li>Enter the name, telephone and facsimile number of the recipient's contact person. This should be a person who can answer questions regarding the claim.</li> </ul>
Approved Project Dates:	<ul style="list-style-type: none"> <li>Enter the approved start and completion dates as per Schedule A of the signed contribution agreement. <b>Costs must be incurred and paid within the project start and completion dates in order to be eligible for reimbursement.</b></li> </ul>
Period Covered by Claim:	<ul style="list-style-type: none"> <li>Enter the period covered by this claim. It is preferred that claims be submitted on a quarterly basis, according to the provincial government's fiscal year quarters (e.g., April - June; July - September; October - December; January - March), however, claims submitted at other intervals will be accepted as well.</li> <li>The period "from" date should be the earliest invoice date.</li> <li>The period "to" should be the latest invoice date.</li> </ul>
<b>Project Costs Round all figures to the nearest dollar</b>	
Total Eligible Costs:	<ul style="list-style-type: none"> <li>Enter all eligible costs incurred during the current claim period.</li> </ul>
<b>Column A</b> Total Eligible Costs Incurred for This Claim Period	<ul style="list-style-type: none"> <li>Using the <i>Detailed Summary of Expenditures</i>, enter the total eligible cost per category incurred within the period covered by this claim. You may also include any previously unclaimed eligible costs in the current claim.</li> </ul>
<b>Column A</b> - Recipient Share - Provincial Share - Federal Share	<ul style="list-style-type: none"> <li>For Lead Ministry to complete. Please leave blank.</li> <li>For Lead Ministry to complete. Please leave blank.</li> <li>For Lead Ministry to complete. Please leave blank.</li> </ul>
<b>Column B</b> Total Eligible Costs Previously Claimed	<ul style="list-style-type: none"> <li>Enter the costs from Column C of your previous claim.</li> </ul>
<b>Column C</b> - Cumulative total eligible costs claimed to date - Previous Federal/Provincial Balance - Federal/Provincial Share - Federal/Provincial Balance Remaining	<ul style="list-style-type: none"> <li>Enter the total of costs from Column A + B.</li> <li>For Lead Ministry to complete. Please leave blank.</li> <li>For Lead Ministry to complete. Please leave blank.</li> <li>For Lead Ministry to complete. Please leave blank.</li> </ul>
<b>Estimate of Expenditures</b>	
Estimated Expenditures for Next Claim	<ul style="list-style-type: none"> <li>Enter an approximate amount of the total eligible costs anticipated for the next claim.</li> </ul>
Estimated Submission Date of Next Claim	<ul style="list-style-type: none"> <li>Enter an estimated date as to when the next claim will be submitted.</li> </ul>
<b>Recipient Authorization</b>	
Recipient Authorization	<p>Two signatures are required. One from the Treasurer or Chief Financial Officer, <u>and</u> one from the Engineer or Project Manager. Both must be authorized to sign under the stated declaration, on behalf of the recipient. Please print the person's name, title and date signed.</p> <p><b>Note: The claim form submitted must have original signatures - photocopies will not be accepted.</b></p>
<b>Provincial Authorization</b>	
	<p>This part is for the Lead Ministry and the Ministry of Community and Rural Development use only. Please leave blank.</p>