



# CLAIM FOR REIMBURSEMENT – 2006

**MB4Youth Division**  
 310 - 800 Portage Avenue, Winnipeg MB R3G 0N4  
 Phone: 1-800-282-8069 (Ext. 0901)  
**Fax: (204) 945-5726 (in Winnipeg)**



- Claim for Reimbursement forms along with all supporting documentation must be submitted to Hometown Green Team (HGT) by September 30, 2006 **(if faxing, do not send originals in the mail)**.
- **A separate claim form must be completed for each employee.** If an employee has worked in two HGT positions, a claim form for this employee must be completed for each position.

### APPLICANT INFORMATION:

File # (see your 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): \_\_\_\_\_

### EMPLOYEE INFORMATION:

Name of Employee: \_\_\_\_\_ Approved Position # (see your approval letter): \_\_\_\_\_

New Employee  Replacement Employee  If a replacement employee, who is he/she replacing? \_\_\_\_\_

**PROJECT COSTS:** (enter "0" if not claiming any amount) \$ \_\_\_\_\_

**ATTACHMENTS REQUIRED:**

- Receipts must be attached for project costs being claimed. In order to be reimbursed for the full amount approved, organizations must send receipts for double the amount approved.
- An explanation of expenses must be included for each receipt attached.

### HOURS WORKED:

Indicate number of hours employee worked each week (including statutory holidays):

1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	

If employee worked less than 25 hours per week or less than six weeks, please explain:

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**ATTACHMENT REQUIRED:**

If an employee has worked over eight hours per day or forty hours per week but has agreed to bank those hours instead of being paid out at time-and-a-half, a written agreement signed by the employer and employee must be attached. The agreement must state: "I have agreed to bank any overtime hours worked instead of being paid out at time-and-a-half."

**PAYROLL INFORMATION:**

	Information Required	Only include information pertinent to your HGT grant.
First Day Worked	<ul style="list-style-type: none"> <li>Record year/month/day.</li> </ul>	
Last Day Worked	<ul style="list-style-type: none"> <li>Record year/month/day.</li> </ul>	
Total Hours Worked	<ul style="list-style-type: none"> <li><b>Include</b> hours for eligible statutory holidays.</li> <li><b>Include</b> overtime hours if not paid out at time-and-a-half (see information box at bottom of page 1).</li> <li><b>Do not include</b> overtime hours that were paid out at time-and-a-half.</li> </ul>	
Total Overtime Hours	<ul style="list-style-type: none"> <li><b>Only include</b> overtime hours that were paid out at time-and-a-half.</li> </ul>	
Wage Paid Per Hour	<ul style="list-style-type: none"> <li>Actual wage <b>per hour</b> paid to employee by your organization.</li> </ul>	\$
Total Vacation Pay	<ul style="list-style-type: none"> <li>Record total dollars paid out for vacation pay.</li> <li><b>OR</b></li> <li>If employee is still working for your organization and vacation pay hasn't been paid out yet, please check off box:</li> </ul>	\$  <input type="checkbox"/>
Total Gross Earnings	<ul style="list-style-type: none"> <li>Record employee earnings before deductions.</li> <li><b>Include</b> vacation pay paid out.</li> </ul>	\$
<b>Total Net Wage Paid</b>	<ul style="list-style-type: none"> <li><b>Gross earnings less any deductions.</b></li> </ul>	\$

**EMPLOYEE CERTIFICATION:**

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

\_\_\_\_\_  
Employee Name (please print)                                  Employee Signature                                  Date Signed

**ATTACHMENT REQUIRED:**  
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 can be attached that summarizes entire payments for the time worked for HGT.

**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 \$3.95	Total Project Costs (half of eligible project costs listed - up to a maximum of \$250)	Total Authorized Assistance (add both columns)
\$	\$	\$
Authorized Signature (Processed Claim): _____	Date Processed: _____	
Authorized Signature (Verified Claim): _____	Date Verified: _____	