

**CLAIM FOR REIMBURSEMENT**

Deadline Date: **September 30, 2017**

- Send via e-mail, fax or mail (**send one copy only**).  
 E-mail: [greenteam@gov.mb.ca](mailto:greenteam@gov.mb.ca)  
 Fax: 204-945-5726  
 Mail: MB4Youth, 310-800 Portage Ave., Winnipeg MB R3G 0N4  
 Phone: 204-945-2343 or 204-945-0901 or 1-800-282-8069
- Claim forms are processed in the order they are received. Organizations should receive their final payment within 10 weeks of Green Team receiving the claim pending all documentation meets program criteria when reviewed.

**1. EMPLOYER INFORMATION:**

Name of Organization: \_\_\_\_\_ File #: \_\_\_\_\_

**2. EMPLOYEE INFORMATION:**

Position #	Name of employee(s) (attach a separate sheet if more than 4 employees)	First day worked under Green Team in 2017	Last day worked under Green Team in 2017	Did employee work for your organization after August 31, 2017?	Wage paid per hour by your organization	Total hours worked under Green Team in 2017 (overtime hours are not eligible)

**3. PAYROLL RECORDS:**

- Payroll records have been attached showing: date paid, regular and any overtime hours worked, gross earnings, vacation pay, deductions and net pay. **Year-to-date payroll summaries will be accepted as long as the start date and year for the 2017 Green Team program is indicated on the summary. Please do not send timesheets unless requested.**
- Vacation pay has been paid out for all Green Team hours.

**4. SUPPORT COSTS:**

Breakdown of Support Costs (expenses will only be reimbursed for approved Green Team hours).	\$ Claiming
CPP & EI: • Payroll records will need to indicate what deductions were made.	
Workers Compensation (will be reimbursed to non-profit organizations only): • If expenses are not included on the payroll records, include a current Workers Compensation statement showing rate for current year.	
Project (ex: safety clothing, criminal record checks, project materials): • Include receipt(s) with an explanation of expenses (date and year on receipt must be visible).	
Total support costs that your organization is claiming (total expenses listed above): • Municipal governments will be reimbursed for half of the total support costs being claimed up to the maximum listed on the approval information sheet.	

**GREEN TEAM CLAIM FOR REIMBURSEMENT 2017**

**5. PROJECT NUMBERS:**

Type of Project	Description (only complete if approved for these types of projects).	Average # per Day
Children/Youth Recreation Projects	# children/youth who attended the children/youth recreation project between May 1 and August 31 (excluding Green Team employees):	
Volunteer Projects	# youth who participated in the volunteer/training activities between May 1 and August 31 (excluding Green Team employees):	

**6. EMPLOYER SATISFACTION:**

Question	1 Strongly Agree	2 Agree	3 Neither Agree nor Disagree	4 Disagree	5 Strongly Disagree	6 Not Applicable
My organization benefited enough from our participation in the program that we would participate again in the future.						
My organization's skills/training needs were met.						
My organization's expectations of the program were met.						

**7. 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.*

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

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

FOR OFFICE USE ONLY:	
Total Hours Approved:	
Total Salary Approved (total hours approved X \$5.72 or \$11.44):	\$
Support Costs Approved:	\$
Amount Advanced (if applicable):	\$
Final Payment Approved (total salary + support costs – amount advanced):	\$
Authorized Signature (processed claim):	
Date Processed:	
Authorized Signature (verified claim):	
Date Verified:	