
INSTRUCTIONS FOR COMPLETING THE SUMMARY OF EXPENDITURES AND CLAIM FORM

GENERAL INFORMATION

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

Ministry of Transportation & Infrastructure
Infrastructure Development Branch
5C - 940 Blanshard Street
PO Box 9850 STN PROV GOVT
Victoria, BC V8W 9T5
tel: (250) 952-0675
email: infrastructure@gov.bc.ca

Ministry of Community, Sport & Cultural
Development
Infrastructure and Finance Branch
4th Floor - 800 Johnson Street
PO Box 9838 STN PROV GOVT
Victoria, BC V8W 9N7
tel: (250) 387-4060
email: INFRA@gov.bc.ca

Notes:

Claim form and summary of expenditures can be submitted to the lead Ministry by email or mail. Copies of invoices are not required; however, 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 Shared Cost Agreement.

Please refer to the [Program Guide](#) for Eligibility of Expenses and more information.

Applicants need to advise the lead provincial Ministry, in writing, of any variation from the approved project (e.g. changes to financial forecast, milestones, project title, completion dates) before such changes are implemented.

Changes of 25% or greater in the total eligible project costs or any changes in the project scope or a change in project location must be approved **in advance** by the appropriate ministry.

HOW TO COMPLETE THE SUMMARY OF EXPENDITURES

As outlined, costs are divided into 4 categories:

- Construction/Materials
- Design/Engineering
- Environmental Assessment
- Other Eligible Costs

Where possible, please submit the Summary of Expenditures in electronic form.

Field	Description
Proponent/Project Identification	
Proponent Name:	<ul style="list-style-type: none"> • Enter the proponent's legal name.
Project Number:	<ul style="list-style-type: none"> • Enter the project number.
Claim start date (refer to column D):	<ul style="list-style-type: none"> • Using all the dates listed in claim start date (column D); enter the earliest date of work rendered.
Claim end date (refer to column D):	<ul style="list-style-type: none"> • Using all the dates listed in claim start date (column D); enter the latest date of work rendered.
Holdbacks	
Proponent Name:	<ul style="list-style-type: none"> • Enter the proponent's legal name.
Invoice Detail	
Journal Entry # or Invoice #:	<ul style="list-style-type: none"> • Enter the invoice number noted on the specified invoice
Date of Invoice	<ul style="list-style-type: none"> • Enter the date noted on the invoice
Good and Services/Work Rendered (start date)	<ul style="list-style-type: none"> • This date must be on or after the commencement date identified in Schedule A of your Shared Cost Agreement
Good and Services/Work Rendered (end date)	<ul style="list-style-type: none"> • This date must be no later than the project completion date identified in Schedule A of your Shared Cost Agreement
Payment Date	<ul style="list-style-type: none"> • Enter the date in which the proponent paid the invoice to the supplier/contractor
Supplier	<ul style="list-style-type: none"> • Enter the name of the supplier (for ex: contractor name)
Description	<ul style="list-style-type: none"> • Provide a brief description of work completed or item(s) purchased. If this is a released holdback, please identify this here
Gross invoice amount (less unpaid holdbacks)	<ul style="list-style-type: none"> • Enter the amount of the invoice, including all taxes. If a portion of the invoice was not paid, the unpaid amount must be deducted
Total PST Paid	<ul style="list-style-type: none"> • Enter the total amount PST paid on the invoice
Total GST Paid	<ul style="list-style-type: none"> • Enter the total amount of GST paid on the invoice
Tax Rebate	<ul style="list-style-type: none"> • Enter the amount in taxes in which the proponent is eligible for reimbursement
Proponent Claim Amount	<ul style="list-style-type: none"> • This column has an embedded formula (gross amount minus the tax rebate, no entry required)

HOW TO COMPLETE THE CLAIM FORM

Field	Description
Proponent/Project Identification	
Proponent Name:	<ul style="list-style-type: none"> Enter the proponent's legal name.
Project Name:	<ul style="list-style-type: none"> Enter the project name.
Project Number:	<ul style="list-style-type: none"> Enter the project number.
Name of Contact Person:	<ul style="list-style-type: none"> Enter the name, telephone and email address of the recipient's contact person. This should be a person who can answer questions regarding the claim.
Approved Project Dates:	<ul style="list-style-type: none"> Enter the approved start and completion dates as per Schedule A of the signed Shared Cost Agreement. Costs must be incurred within the project start and completion dates in order to be eligible for reimbursement.
Period Covered by Claim:	<ul style="list-style-type: none"> Enter the period covered by this claim. It is preferred that claims be submitted in the year that cost are incurred. The period "from" date is the earliest date work rendered. The period "to" is the latest date work rendered. Claim period cannot cross two fiscal years (April 1st – March 31st). There is no limit to the number of claim submissions.
Project Costs Round all figures to the nearest dollar	
Total Net Eligible Costs:	<ul style="list-style-type: none"> Enter all net eligible costs incurred during the current claim period.
Column A Total Net Eligible Costs Incurred for This Claim Period	<ul style="list-style-type: none"> Using the <i>Summary of Expenditures</i>, enter the totals by category from the Proponent Claim Amount column (L).
Column A - Recipient Share - Provincial Share - Federal Share	<ul style="list-style-type: none"> For Lead Ministry to complete. Please leave blank. For Lead Ministry to complete. Please leave blank. For Lead Ministry to complete. Please leave blank.
Column B Total Net Eligible Costs Previously Claimed	<ul style="list-style-type: none"> Enter the net costs from Column C of your previous claim by category.
Column C - Cumulative total net eligible costs claimed to date - Previous Federal/Provincial Balance - Federal/Provincial Share - Federal/Provincial Balance Remaining	<ul style="list-style-type: none"> Enter the total of costs from Column A + B for each category. For Lead Ministry to complete. Please leave blank. For Lead Ministry to complete. Please leave blank. For Lead Ministry to complete. Please leave blank.
Summary of Expenditures and Final Report	
Summary of Expenditures	<ul style="list-style-type: none"> An electronic copy of Summary of Expenditures is required
Final Report	<ul style="list-style-type: none"> If this claim is a final claim, a Final Report is required
Submit Additional Requirements	
<ul style="list-style-type: none"> Current Periodic Progress Report, Budget Forecast Report, and any other additional requirements as required under the Shared Cost Agreement. 	
Recipient Authorization	
Recipient Authorization	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.
Provincial Authorization	
This part is for Ministry use only. Please leave blank.	