



5.17 Instructions


Created: 2025 March 05
Revised:

5.17 Out-of-Jurisdiction Rescue Expense Reimbursement Request (ERR) Form Instructions

5.17.1 Related documents

- [5.17 Out of Jurisdiction Rescue Reimbursement Policy](#)
- [5.17 Out of Jurisdiction Rescue Reimbursement Procedures](#)
- [5.17 Out-of-Jurisdiction Rescue Reimbursement Schedule](#)
- [Out of Jurisdiction Rescue Reimbursement Request \(ERR\) Form](#)

5.17.2 Form fields

		Ministry of Emergency Management and Climate Readiness		Out-of-Jurisdiction Rescue Expense Reimbursement Request (ERR)	
Claimant: _____ (1)					
Mailing Address: _____ (2)					
City: _____ (3)		Province: _____ (4)		Postal Code: _____ (5)	
Task #: _____ (6)		ERR #: _____ (7)		Date of Task: _____ (8)	
Departure from hall: _____ (9a) hrs		Back at hall _____ (9b) hrs		Total time: _____ (9c) hrs _____ min	
All Found Rate (min. 1 hour then round to the nearest ¼ hour up or down)				(10)	
Clean up Rate (additional ¼ hour of All Found Rate when rescue services are rendered)				(11)	
Consumable Supplies Rate (when rescue services are rendered)				(12)	
Distance travelled beyond 150 km				(13a) Km x (13b) = (13c)	
				(km > 150) (current rate)	
(14a)				(14b)	
(15a)				(15b)	
See 5.17 Out-of-Jurisdiction Rescue Reimbursement Schedule for rates				Total Claim: (16)	
Signature of Claimant: _____ (21)					
Title: _____ (17)			Date: _____ (18)		
Telephone: _____ (19)			Email: _____ (20)		



5.17.3 Instructions for the form fields

- (1) The name of the claimant registered with the Ministry of Emergency Management and Climate Readiness to receive payment on behalf of the road rescue service provider or fire department (this might not be the name of the department or society).
- (2) The claimant's mailing address. This should match the mailing address on file with the ministry.
- (3) The claimant's community name.
- (4) The claimant's province.
- (5) The claimant's postal code.
- (6) The task number assigned to the incident being claimed.
- (7) The number corresponding to the number of claims made under this task. For most ERRs, this will be 1. When additional claims are made, such as for equipment repair/replacement receipt submissions, adjust this number accordingly.
- (8) The date the task occurred.
- (9) Rates are applicable from the time of response vehicle departure from quarters and continue until its return to quarters (Policy 5.17.2 All Found Rate):
 - a. The time the response vehicle left the hall.
 - b. The time the response vehicle returned to the hall.
 - c. Total time the response vehicle was on task, separating hours and minutes for ease of rate calculation.
- (10) All Found Rate total, minimum 1 hour, billed at quarter hour increments beyond one hour rounded to the nearest quarter hour up or down, minus the time spent on activities ineligible for reimbursement. The rate includes the first 150 km round trip. The minimum rate applies to the task, not to multiple trips within a task (Policy 5.17.3).
- (11) Add the Clean up Rate if rescue services are rendered. The Clean up Rate is one quarter hour of the current All Found Rate. This rate is not added to calls where the service provider was stood down enroute or was not required to provide rescue services at scene once they had arrived (5.17 Annex).



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- (12) Add the Consumable Supplies Rate when rescue services are rendered. This rate is not added to calls where the service provider was stood down enroute or was not required to provide rescue services at scene once they had arrived (5.17 Annex).
- (13) Distances more than 150 km round trip will be reimbursed at the current Provincial Government mileage rate (5.17 Annex):
 - a. Number of kms over 150.
 - b. Current provincial government rate.
 - c. Product of kms by rate.
- (14) Space for additional eligible expenditures incurred on task, such as pre-approved equipment repair/replacement:
 - a. Description of the eligible expenditure.
 - b. Amount being claimed.
- (15) Space for additional eligible expenditures incurred on task, such as pre-approved equipment repair/replacement:
 - a. Description of the eligible expenditure.
 - b. Amount being claimed.
- (16) Sum of all expenditures.
- (17) Title of the person authorized by the claimant to submit the claim.
- (18) The date the form was signed.
- (19) The claimant's telephone number.
- (20) The claimant's email address.
- (21) Signature of the person authorised by the claimant to submit the claim.

Attach any receipts for pre-approved equipment repair/replacement, if applicable.

The greyed-out section at the end of the page is for EMCR use only.